

## HIGH SCHOOL PREP PROGRAM APPLICATION

For students currently in 7th grade

### **APPLICATION CHECKLIST:**

Applications can be mailed, faxed, or dropped off to the address below.

Proof of In	ncome (Household income cannot exceed \$65,000).
Acce	eptable Documents:
W	1-2
10	040 tax return form
pa	aystubs (2 months)
ar	ny benefit statement i.e. Social security, Unemployment, etc.
	most recent report card submitted with application** 'Student's 2nd quarter report card must also be ubmitted when received 'Student's final report card due on the program's tart day acher recommendation forms to math and English

#### Admissions Timeline:

Applications will be reviewed on a rolling basis. Decisions will be made until the program is full. Enrollment fee due upon acceptance.

#### Program Overview

High School Prep is a nationally recognized 14-month program that begins the summer after 7th grade, continues two nights a week and every Saturday during the 8th grade year, and concludes with a final summer session after the 8th grade. Students take rigorous subject matter in math, English language arts, social studies, science, and technology in preparation for entrance into college preparatory high schools. High School Prep students are bright, motivated, and determined- it's all in the Prep!

Location: University at Buffalo South Campus, 18 Acheson Annex

Semester 1 (summer after 7th grade) - 6 weeks, July-August

Semester 2 (8th grade year) - Tuesdays and Thursdays after-school and Saturdays

Semester 3 (summer after 8th grade) - 6 weeks, July-August



# High School Prep Program Application Students entering 8th grade in Fall 2017

#### University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214 (P) 716.829.3605 (F) 716.829.2735

Student's Full Name:	First	Middle		Las	t	
Home Address:	Number and Street			Apt	#	
City:		State:		Zip Code	:	
Contact Number:			Home	Office	Cell	
Date of Birth:		Place of Birt	:h:			
Male Female						
Check all that apply to applicant:	Gross Family Ir	come:				
Black	Asian Langu	age Spoken in	Home:			
Native American Hispanic	Other Stude	nt Social Secui	rity#:			
Current School:	Curre	nt Grade:				
Name of Guidance Counselor:						
	Previous School(s) your c	hild has attend	ded and vears			
Sal	hool	Grade	100 610 7 5	Date of A	Attendance	
		+				
Did your child skip or repeat a grade?						
Yes No						
Yes No	cation Plan (I⊟P) and/ or a 504 plan?	<u> </u>				
Yes No If yes, please explain:	cation Plan (IEP) and/ or a 504 plan?					
Yes No If yes, please explain:  Does your child have an Individual Educ	cation Plan (IEP) and/ or a 504 plan?					
Yes No If yes, please explain:  Does your child have an Individual Educ	cation Pian (IEP) and/or a 504 plan?					
Yes No If yes, please explain:  Does your child have an Individual Educ		children in you	ur household.			
Yes No If yes, please explain:  Does your child have an Individual Educ Yes No If yes, please explain:  Additional Household Information	cation Plan (IEP) and/ or a 504 plan?  Please list all school-age	children in you	ır household.	St	hool	
Yes No If yes, please explain:  Does your child have an Individual Educ Yes No If yes, please explain:  Additional Household Information	Please list all school-age		ir household.	82	hool	
Yes No If yes, please explain:  Does your child have an Individual Educ Yes No If yes, please explain:  Additional Household Information	Please list all school-age		ir household.	Sc	hool	

How did you hear about us?						
Have you or your child particip	oated in a Buffalo Prep pr	ogram? Yes		No If yes, plea	ase specify:	
Student's parents are (check a	ll that apply):					
Married	Separated	Divorced	Never M	larried I	Mother Deceased	Father Deceased
Student Lives with:	Mother Guardian	Father & Step	pparent	Mother & Ste	pparent	
Single Parent Household	Yes No					
Parent/ Guardian Name 1:  Male Female						
Relationship to student:	Mother Guardian	Stepparent	Other:			
Place of Birth:						
Home Address: (If different from student's)	Number and Street				Aj	Dt#
City:			State:		Zip Cod	e:
Contact Number:				Home	Office	Cell
Contact Number:				Home	Office	Cell
Contact Number:				Home	Office	Cell
Email:						
Current Employer:			Occup	ation:		
Employer Phone No.						
Highest Level of Education:						
Parent/ Guardian Name 2:						
Male Female						_
Relationship to student:						
Place of Birth:	Mother Guardian	Stepparent	Other:			
Home Address: (If different from student's)	Number and Street				41	ot#
City:	Nombol did at ou		State:		Zip Cod	
Contact Number:				Home	Office	Cell
Contact Number:				Home	Office	Cell
Contact Number:				Home	Office	Cell
Email:						
Current Employer:			Occup	ation:		
Highest Level of Education:						



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### **Testing Consent:**

	FFALO PREP to administer tests of academic ability and a igence test, as well paper-and-pencil questionnaires and s	
(Students Full Name)		
		ult of tests will be used for no purpose other than the uent preparatory school applicants. I understand the results
to a questionnaire concerning m child's probable success at BUFF	ny child's study skills, motivation attendance and persona	y child's present Math and English teachers and/or a response ality traits that may be relevant to a decision concerning my o be requested orally from the teacher(s) should time not s) to supply the aforementioned information, either in
I hereby declare that the consen	nt herein granted is entirely voluntary on my part.	
Parent/ Guardian:		
	Sgnature	Date:
	Print	
Offsite Activity Consen	High School Prep Program Application	n Activity Consent
_	rticipate in all BUFFALO PREP activities on and off site.	
r give my child permission to pai	Tricipate in an borrato rner activities on and on site.	
Parent Name:	Print	<del></del>
	Sanature	Date:
Media Consent:		
	o photograph and videotape my child for promotional pu	rnoses in print media television, and internet
Tgivo Barraro TTop pormission (	s priotographi and vidootape my dime for promotional pu	processing printermodule, coloridatin, and intermod.
Parent Name:	Print	
-	Stanature	Date:
	-9	



#### **High School Prep Program Application Transcript Request**

University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214 (P) 716.829.3605 (F) 716.829.2735

#### **Transcript Request:**

The Student named below is an applicant for admission to BUFFALO PREP. Copies of grades and scores on standardized tests are needed for evaluation.

# **Buffalo Prep**

University at Buffalo 18 Acheson Annex Buffalo, New York 14214 Fax 716.829.2735

Dear Register:			
	I AUTHORIZE THE RELEASE OF TRA	ANSCRIPTS TO BUFFALO PREP.	
Student's Name:	Print	Grade:	
Parent Name:	Print -		
	Smatura	Date:	



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#### Please answer the following questions so your child may be considered for the program:

1) Buffalo Prep requires time, commitment, and dedication from its students and their families. Why do you and your your child want to be a part of Buffalo Prep? How do you think this program could benefit your child?
2) What are your child's strengths (academic and non-academic)?