



## MIDDLE SCHOOL PREP PROGRAM APPLICATION

For students currently in 5th or 6th grade

### APPLICATION CHECKLIST:

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

- Proof of Income (Household income cannot exceed \$65,000).  
Acceptable Documents:
  - W-2
  - 1040 tax return form
  - paystubs (2 months)
  - any benefit statement i.e. Social Security, Unemployment, etc.
  
- Student's most recent report card submitted with application\*\*
  - \*\*Student's 2nd quarter report card must also be submitted when received
  - \*\*Student's final report card due on the program's start day

#### *Admissions Timeline:*

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

#### *Program Overview*

Middle School Prep is a 5-week summer academic program that provides post- 5th and 6th grade students with academic, cultural, and social enrichment and exposes them to the resources of Buffalo Prep. Students take accelerated classes in the core subjects. The program focuses on improving academic skills and study habits in order to instill academic confidence and a love of learning.

Middle School Prep provides the support and enrichment necessary to ensure academic success during the middle school years and beyond.

Timeframe: 5 weeks, July 3, 2017-August 4, 2017

Location: Nichols School, 1250 Amherst St., Buffalo, NY 14216

Schedule: Monday-Friday, 8:30am-4:00pm



# Buffalo Prep

## Middle School Prep Program Application For students currently in 5th or 6th grade

University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214

(P) 716.829.3605 (F) 716.829.2735

Student's Full Name: \_\_\_\_\_  
First Middle Last

Home Address: \_\_\_\_\_  
Number and Street Apt#

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_  Home  Office  Cell

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Male \_\_\_ Female \_\_\_

Check all that apply to applicant:

- Black
- Native American
- Hispanic
- Asian
- Other

Gross Family Income: \_\_\_\_\_

Language Spoken In Home: \_\_\_\_\_

Student Social Security #: \_\_\_\_\_

Current School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

Name of Guidance Counselor: \_\_\_\_\_

### Previous School(s) your child has attended and years

<i>School</i>	<i>Grade</i>	<i>Date of Attendance</i>

Did your child skip or repeat a grade?

Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Does your child have an Individual Education Plan (IEP) and/or a 504 plan?

Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

### Additional Household Information

*Please list all school-age children in your household.*

<i>Name</i>	<i>Grade</i>	<i>School</i>

How did you hear about us? \_\_\_\_\_

Have you or your child participated in a Buffalo Prep program? Yes  No  If yes, please specify: \_\_\_\_\_

Student's parents are (check all that apply):

Married  Separated  Divorced  Never Married  Mother Deceased  Father Deceased

Student Lives with:

Father  Mother  Guardian  Father & Stepparent  Mother & Stepparent

Single Parent Household  Yes  No

Parent/Guardian Name 1: \_\_\_\_\_

Male  Female

Relationship to student:

Father  Mother  Guardian  Stepparent  Other: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from student's) Number and Street Apt#

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_  Home  Office  Cell

Contact Number: \_\_\_\_\_  Home  Office  Cell

Contact Number: \_\_\_\_\_  Home  Office  Cell

Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Phone No. \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_

Parent/Guardian Name 2: \_\_\_\_\_

Male  Female

Relationship to student:

Father  Mother  Guardian  Stepparent  Other: \_\_\_\_\_

Place of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
(If different from student's) Number and Street Apt#

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Contact Number: \_\_\_\_\_  Home  Office  Cell

Contact Number: \_\_\_\_\_  Home  Office  Cell

Contact Number: \_\_\_\_\_  Home  Office  Cell

Email: \_\_\_\_\_

Current Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Highest Level of Education: \_\_\_\_\_



# Buffalo Prep

## Middle School Prep Program Application Testing Consent

University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214

(P) 716.829.3605 (F) 716.829.2735

### Testing Consent:

I hereby give permission for BUFFALO PREP to administer tests of academic ability and achievement, including group-administered tests and an individually administered intelligence test, as well paper-and-pencil questionnaires and short essays concerned with attitude to my child,

(Students Full Name)

\_\_\_\_\_

*First*

*Middle*

*Last*

as part of the selection procedure for admission to BUFFALO PREP. I understand the result of tests will be used for no purpose other than the selection of BUFFALO PREP participants and, possibly, as supporting material for subsequent preparatory school applicants. I understand the results of these tests will be proprietary for Buffalo Prep's use only.

I also give my consent for BUFFALO PREP to request letters of recommendation from my child's present Math and English teachers and/or a response to a questionnaire concerning my child's study skills, motivation attendance and personality traits that may be relevant to a decision concerning my child's probable success at BUFFALO PREP. I also give my consent for such information to be requested orally from the teacher(s) should time not permit written materials being sought. I likewise give my consent for my child's teacher(s) to supply the aforementioned information, either in writing, orally or both.

I hereby declare that the consent herein granted is entirely voluntary on my part.

Parent/Guardian:

\_\_\_\_\_

*Signature*

Date: \_\_\_\_\_

\_\_\_\_\_

*Print*

## Middle School Prep Program Application Activity Consent

### Offsite Activity Consent:

I give my child permission to participate in all BUFFALO PREP activities on and off site.

Parent Name:

\_\_\_\_\_

*Print*

Date: \_\_\_\_\_

\_\_\_\_\_

*Signature*

### Media Consent:

I give Buffalo Prep permission to photograph and videotape my child for promotional purposes in print media, television, and internet.

Parent Name:

\_\_\_\_\_

*Print*

Date: \_\_\_\_\_

\_\_\_\_\_

*Signature*



# Buffalo Prep

## Middle 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 TRANSCRIPTS TO BUFFALO PREP.

Student's Name: \_\_\_\_\_ *Print* Grade: \_\_\_\_\_

Parent Name: \_\_\_\_\_ *Print*

\_\_\_\_\_ *Signature* Date: \_\_\_\_\_



## Buffalo Prep

Middle School Prep Parent/Guardian Responses  
University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214  
(P) 716.829.3605 (F) 716.829.2735

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 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)?