

Ability School of New Jersey

APPLICATION FOR ADMISSION

Dear Parents and Applicant:

Since Ability School students are all on highly individualized programs, it is generally possible for qualified students to begin their programs at any point in the year, provided space is available. Priority is given to those eligible students first completing the full application procedure below.

APPLICATION PROCEDURE

Application Form: Applicant should carefully complete Part A in his or her own handwriting (the parent may help); both parents should complete Part B and insure Part A is complete.

Application Fee: After completing the application, please return it along with a non-refundable \$50 check to the Admissions Office.

To Secure Applicant's Place: A tuition deposit of \$500 is required to secure a place in the school. This deposit is non-refundable.

Transcript: If the applicant has been enrolled in a school, the parents must complete the enclosed Student Records Release form and give it to that school's counselor. That school will then forward the information directly to us.

Letters of Recommendation: If applicant has been enrolled in a school, please give the recommendation forms to three individuals who know the applicant well and can comment on the applicant's academic performance. Teachers familiar with applicant's English and Mathematics basics should be included if at all possible. Completed recommendations should be sent directly to Ability School.

Interview: All applicants receive personal interviews and testing prior to acceptance and enrollment.

Ability School 75 Knickerbocker Road Englewood NJ 07631 201 871 8808 www.abilityschoolnj.org

Part A – To be completed by applicant (parent help only as necessary):

Name of Applicant _____ Nickname _____

Date of Birth _____ Age _____ Place of Birth _____

Present or Most Recent Educational Level _____

Program or School's Phone Number _____

Applying for Enrollment from _____, 20____ to _____, 20 _____

Has applicant ever attended Ability School before? (____) yes, in _____ (____) no

How did you hear about Ability School? _____

1. Which subjects are you most interested in? Why?

2. What do you want to do in life?

3. Are there any subjects in which you feel you need help? If so, which ones and what do you feel is causing the difficulty?

4. What would you like to accomplish at Ability School? (Please be specific)

5. Do you work during the school year or vacations? If so, what are your responsibilities?

6. Name one or two books you have read in this past year. What type of book do you enjoy reading the most?

7. Have you ever skipped or repeated a grade or educational program? ____ yes ____no. If yes, which one?

8. Please check the appropriate boxes to indicate your talents and interests. Also place an X by any area in which you have received an award or honor:

SUBJECT	Reading	Math	Science	Creative Writing	History	School Leadership	Drama	Music	Art
Very Interested									
Not Interested									

9. **Writing Sample:**

Please choose one of the following topics to write about. On a separate sheet of paper write about it as much as you like. We would like for you to write 100 words or more (younger applicants may write as much as they are able).

- A. If you could take a month out of the year to do whatever you want, describe in detail what you would do and why.

- B. Tell us about a favorite book, piece of music, film, or hobby and what you enjoy about it and why.

- C. Write about a current world event in detail covering what you feel is important about it and why.

FAMILY INFORMATION

FATHER

MOTHER

_____	Name	_____
_____	Home Address	_____
_____ Zip _____		_____ Zip _____
(____) _____	Home Phone	(____) _____
(____) _____	Cell Phone	(____) _____
_____	Work Address	_____
_____ Zip _____		_____ Zip _____
(____) _____	Work Phone	(____) _____
_____	Occupation	_____
_____	Age	_____
_____	Highest Education Level	_____
_____	Income Bracket	_____
_____	Email address	_____

If parents are separated or divorced, with whom does the applicant reside? _____

Who has legal custody? _____

Applicant's Brothers and Sisters:

<u>Name</u>	<u>Age</u>
_____	_____
_____	_____
_____	_____
_____	_____

PART B – PARENTAL QUESTIONNAIRE AND CONFIDENTIAL PRELIMINARY HEALTH REPORT

1. What would you like to see your child accomplish through his or her education at Ability School?
2. Which of your child's qualities do you respect and admire most?
3. In extracurricular activities does your child generally continue with his or her interests once begun?
4. How does your child usually spend his or her free time?

5. Is there an area of potential in your child that you would especially like developed further?
6. Are there any academic areas or areas of personal development in which you would particularly like to see your child improve?
7. What types of things upset your child?
8. Describe briefly the relationship of your child to each parent.

If the answer to any of the following questions is yes, please explain in full detail on a separate sheet of paper:

9. Has your child ever had physical, mental, emotional, scholastic, or disciplinary difficulties? ___yes ___no
10. Has he or she ever been prescribed medicine for a learning disability or hyperactivity? ___yes ___no
11. Are there any restrictions regarding his or her physical activities? ___yes ___no

I certify that the above is complete and true and that the applicant is a normal child who is a safe companion for other children.

Signature of Parents or Guardian with Legal Custody

Date