



# STUDENT APPLICATION

Thank you for your interest in Augustine Classical Academy. Please complete this application and send it along with the following items to Augustine Classical Academy, 7 North Main Street, Mechanicville, NY 12118.

- A check for the application fee of \$40 (non-refundable if the grade applied for is open or opens; refundable if the grade applied for does not open) made out to “Augustine Classical Academy”;
- Transcript or year-end report cards from the past 3 years and most recent standardized testing results; please use the records release form on the last page of this application as needed.

## Student Information

Student's Full Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Current grade: \_\_\_\_\_ Applying for Grade: \_\_\_\_\_

Applying for Year: \_\_\_\_\_ Gender: \_\_\_\_\_ Has the applicant applied to ACA before? \_\_\_\_\_

If Yes, which grade/year? \_\_\_\_\_

## Current School

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Contact Person and Title: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

**Parent/Guardian 1**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Church Attending: \_\_\_\_\_ Member of Church? Yes/No

Place of Employment/Type of Business: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

**College Education:**

College Name: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Degree: \_\_\_\_\_ Specialization: \_\_\_\_\_

**Parent/Guardian 2**

Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Email: \_\_\_\_\_ Work Email: \_\_\_\_\_

Church Attending: \_\_\_\_\_ Member of Church? Yes/No

Place of Employment/Type of Business: \_\_\_\_\_

Occupation/Position: \_\_\_\_\_

**College Education:**

College Name: \_\_\_\_\_ State: \_\_\_\_\_

Year: \_\_\_\_\_ Degree: \_\_\_\_\_ Specialization: \_\_\_\_\_

**Paternal Grandparent(s)**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Maternal Grandparent(s)**

Name(s): \_\_\_\_\_

Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**Siblings**

Name	Birth Date	Current School	Grade Level
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Other Augustine Affiliations**

Other than siblings, please list relatives or friends who attend(ed) or have been affiliated with Augustine Classical Academy:

Name	Relationship	Year of graduation, current grade, or affiliation
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Questions/Hobbies**

What characteristics of our school interest your family, and why is our school a good match for the applicant?

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Please list the applicant’s interests, hobbies, and talents-in and out of school-related to academics, arts, music, athletics, church, community service, clubs, and organizations, etc.

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For applicants to grade 4 and higher, please submit along with this application a one-to two-paragraph hand-written essay by the applicant entitled “Why I want to Attend Augustine Classical Academy.”

**Authorization**

We (I) affirm that the information provided in this application is true to the best of our(my) knowledge:

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(signature of parent 1)

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(signature of parent 2)

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(printed name(s) of person(s) completing this application)

*Augustine Classical Academy Inc. admits students of any race, color, national, or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national or ethnic origin in the administration or its educational policies, admission policies, scholarship, and/or loan programs, athletic, and other school-administered programs.*



# RECORDS RELEASE AUTHORIZATION FORM

## To the Parent or Guardian

Complete the information below and sign the consent statement. **Give this form to your child's present school.**

Student's Name \_\_\_\_\_  
Last First Middle Preferred Name

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

School's Name \_\_\_\_\_ has my consent to release the copies of all school records to Augustine Classical Academy.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

## To the Current School

The above named child is applying for admission to Augustine Classical Academy. Please send complete school records including:

- ✓ Official academic records (grades, report cards, transcripts) from current year
- ✓ Official academic records (grades, reports cards, transcripts) from past two years
- ✓ Standardized test scores from past two years
- ✓ Attendance and conduct reports
- ✓ Diagnostic results if applicable

Signature of School Official \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

*Augustine Classical Academy does not discriminate on the basis of race, color, national or ethnic origin in the administration of its educational, admission, financial aid or employment policies, or any other programs administered by the school.*

**Thank you for your assistance in this process. Please return this form and requested materials to:**

**Augustine Classical Academy  
7 North Main Street  
Mechanicville, NY, 12118**