



The Academy
140 Gulf Street
Milford, CT 06460
(203)783-3652

The Academy

Application for Acceptance

For office use only

Student Name: _____

Shadow Date: _____

Bus? _____

Acceptance Status: _____

Dear Prospective Students and Families,

At The Academy we use a multifaceted education model that works best when students are motivated and accountable for their learning. The Academy's individualized educational approach is geared to unlock students' passion for learning, one student at a time.

The Academy empowers students to take charge of their learning, to become responsible citizens and lifelong learners. Our goal is to help students develop problem-solving skills, express themselves creatively, expand their knowledge base, interact effectively with others and engage in meaningful projects.

Learning goes beyond the classroom. Our experiential learning program provides a vehicle for connecting real world learning to curriculum. Utilizing both Project Based Learning and Restorative Practices, students are challenged in creative and meaningful ways.

We work to maintain strong relationships between home and school knowing that student success relies on the connection they have with staff.

We invite you to visit The Academy, meet our staff and students, and explore real world learning with us.

Welcome!

Sarah Scionti

Principal,
The Academy
Tel. 203-783-3652

School website: <http://www.milforded.org/page.cfm?p=3234>

Application Process

The Academy engages with the staff at the two comprehensive high schools, students and their families in all aspects of the application, admission, and educational process. In order to apply to The Academy, the school counselors, students and their parent(s) and/or guardian(s) must complete the following steps:

- 1) Meet with school counselor and/or appropriate staff to discuss The Academy.
- 2) School counselor and/or appropriate staff will complete **pages 3 & 4** of the application.
- 3) Student and parent(s)/guardian(s) are responsible for completing **pages 5-8**. Please return those portions to your school counselor prior to your interview with The Academy.
- 4) Any missing documents from the application are required at the time of the interview.
- 5) The application will be reviewed by the staff at The Academy. The Academy will call to schedule a shadow and interview with the student and parent(s)/guardian(s).

Please contact The Academy for further information or questions:

The Academy

140 Gulf St

Milford, CT 06460

203-783-3652

Fax: 203-783-3469

Signatures

_____ (student name) is applying to The Academy. The signatures below indicate the knowledge of this application. Please feel free to add comments and/or check the box if you would like to discuss the student's credentials over the phone.

Administrator

Print Name	Signature	Date
<input type="checkbox"/> Please call to discuss		

Social Worker/Psychologist (if appropriate)

Print Name	Signature	Date
<input type="checkbox"/> Please call to discuss		

Other staff signatures (please specify relationship to student)

Print Name	Signature	Date
<input type="checkbox"/> Please call to discuss		

Student Information

To be completed by the student and to be returned to their school counselor.

Do you think The Academy would meet your needs and why?

What obstacles have been in the way of your educational success up to this point?

How would your classmates describe you?

List three activities/hobbies outside of school that you enjoy:

- 1) _____
- 2) _____
- 3) _____

Strengths

Areas for improvement

What are your plans for the future (post-secondary, employment, 5 years from now, etc.)?

Tell us about a time that you were a leader.

Signature of Student

Print name	Signature	Date
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Parent/Guardian Form

To be completed by the parent(s)/guardian(s) and to be returned to the school counselor.

Strengths of your son/daughter:

Areas for improvement for your son/daughter:

What are the barriers that have prevented your son/daughter from being successful?

Please describe any strategies that you feel help your son/daughter be successful:

Please explain why you want your child to attend The Academy. Briefly describe why you feel this would be the appropriate place for your son/daughter’s educational success. We are interested in getting to know you and your son/daughter so please add any information you feel would help the team in getting to know you better.

Signatures of Parent(s) or Guardian(s):

Print Name	Signature	Date
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Relationship to student: _____

Print Name	Signature	Date
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Relationship to student: _____

Print Name	Signature	Date
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Relationship to student: _____