



# Hebron Academy

339 PARIS ROAD  
 PO BOX 309  
 HEBRON, ME 04238-0309  
 PHONE: 207-966-5225

FAX: 207-966-1111  
 EMAIL: ADMISSION@HEBRONACADEMY.ORG  
 WWW.HEBRONACADEMY.ORG

PLEASE  
 ATTACH  
 PHOTO  
 (OPTIONAL)

Application is hereby made for admission to Hebron Academy for the academic year beginning September 20 \_\_\_\_  
 Applying for Grade \_\_\_\_  Boarding student  Day student.

**APPLICANT INFORMATION:**

APPLICANT'S NAME \_\_\_\_\_  MALE  FEMALE  
LAST/FAMILY/SUR FIRST/GIVEN MIDDLE

PREFER TO BE CALLED (NICKNAME) \_\_\_\_\_ PRESENT GRADE IN SCHOOL \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

DATE OF BIRTH \_\_\_\_\_ MONTH DAY YEAR COUNTRY OF BIRTH \_\_\_\_\_ COUNTRY OF CITIZENSHIP \_\_\_\_\_

HOME PHONE (\_\_\_\_) \_\_\_\_\_ APPLICANT'S CELL PHONE (\_\_\_\_) \_\_\_\_\_

APPLICANT'S EMAIL \_\_\_\_\_

DECLARATION OF ETHNICITY (optional) \_\_\_\_\_

**FAMILY INFORMATION:**

PARENT A _____	PARENT B _____
RELATION TO APPLICANT _____	RELATION TO APPLICANT _____
HOME ADDRESS _____	HOME ADDRESS _____
_____	_____
_____ ZIP _____	_____ ZIP _____
HOME PHONE (____) _____	HOME PHONE (____) _____
EMPLOYER _____	EMPLOYER _____
OCCUPATION/TITLE _____	OCCUPATION/TITLE _____
BUSINESS ADDRESS _____	BUSINESS ADDRESS _____
_____ ZIP _____	_____ ZIP _____
BUSINESS PHONE (____) _____	BUSINESS PHONE (____) _____
CELL PHONE (____) _____	CELL PHONE (____) _____
E-MAIL _____	E-MAIL _____

CHECK IF APPROPRIATE  MARRIED  DIVORCED  SEPARATED  SINGLE  REMARRIED

IF PARENTS ARE SEPARATED OR DIVORCED, PLEASE INDICATE TO WHOM CORRESPONDENCE AND BILLINGS SHOULD BE ADDRESSED

CHILD LIVES WITH  PARENT A  PARENT B  OTHER

CORRESPONDENCE  PARENT A  PARENT B  OTHER

GRADES AND COMMENTS  PARENT A  PARENT B  OTHER

BILLING  PARENT A  PARENT B  OTHER

OTHER POINT OF CONTACT (EX. CONSULTANT OR FAMILY REPRESENTATIVE)

NAME \_\_\_\_\_ RELATION TO APPLICANT \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ E-MAIL \_\_\_\_\_

**PRESENT SCHOOL** \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_  
CITY STATE ZIP

PRESENT GRADE \_\_\_\_\_ GRADES ATTENDED \_\_\_\_\_

PRINCIPAL OF SCHOOL \_\_\_\_\_ GUIDANCE COUNSELOR \_\_\_\_\_

ENGLISH TEACHER \_\_\_\_\_ MATH TEACHER \_\_\_\_\_

**SCHOOL PREVIOUSLY ATTENDED** \_\_\_\_\_ TELEPHONE (\_\_\_\_) \_\_\_\_\_

SCHOOL ADDRESS \_\_\_\_\_  
CITY STATE ZIP

GRADES ATTENDED \_\_\_\_\_

I WILL TAKE/HAVE TAKEN  SSAT  PSAT  SAT  ACT  OTHER  TOEFL/TOEFL, JR. ON (DATE) \_\_\_\_\_

FIRST LANGUAGE SPOKEN AT HOME, IF OTHER THAN ENGLISH:  
\_\_\_\_\_

PLEASE LIST THE NAMES AND AGES OF BROTHERS AND SISTERS

NAME	AGE	SCHOOL	GRADE
NAME	AGE	SCHOOL	GRADE
NAME	AGE	SCHOOL	GRADE

LIST ANY RELATIVES WHO PREVIOUSLY ATTENDED OR WHO ARE ATTENDING HEBRON ACADEMY.

NAME	CLASS	RELATIONSHIP
NAME	CLASS	RELATIONSHIP

FROM WHAT SOURCE DID YOU HEAR ABOUT HEBRON ACADEMY? \_\_\_\_\_

OTHER SCHOOLS TO WHICH APPLICATION WILL BE MADE \_\_\_\_\_  
\_\_\_\_\_

WILL THE APPLICANT BE APPLYING FOR FINANCIAL AID?  YES  NO

*Please visit [sss.nais.org](http://sss.nais.org) to apply  
Admission decisions are made without regard to the financial resources of the family.*

PLEASE EXPLAIN ANY CONDITIONS THAT MAY REQUIRE ACADEMIC OR PERSONAL SUPPORT SERVICES OR LIMIT IN ANY WAY FULL PARTICIPATION IN THE SCHOOL PROGRAM(S). \_\_\_\_\_

---



---



---

HAS THE APPLICANT EVER BEEN SUSPENDED, DISMISSED OR WITHDRAWN FROM SCHOOL?  YES  NO

IF YES, PLEASE EXPLAIN. \_\_\_\_\_

---



---

**EXTRACURRICULAR AND PERSONAL ACTIVITIES**

In the grid below, please describe your interests and activities in order of importance to you in areas such as music, drama, art, community service, writing, athletics or hobbies. Please indicate in the right-hand column those activities that you hope to continue at Hebron.

	ACTIVITY	GRADES PARTICATED	ADDITIONAL NOTES: EX POSITION, INSTRUMENT PLAYED, OFFICES OR HONORS WON (FIRST CHAIR, CAPTAIN, ETC.)	PLAN TO CONTINUE AT HEBRON
1.				
2.				
3.				
4.				
5.				
6.				

Please feel welcome to expand on any of the above activities.

---



---



---



---



---



---



---



---

**I certify that all the information I have given in this application is complete and accurate.**

SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_





# Hebron Academy

339 PARIS ROAD  
PO BOX 309  
HEBRON, ME 04238-0309  
PHONE: 207-966-5225  
FAX: 207-966-1111  
EMAIL: ADMISSION@HEBRONACADEMY.ORG

## TRANSCRIPT RELEASE AUTHORIZATION

Complete and deliver to your son's or daughter's current school.

STUDENT \_\_\_\_\_ GRADE \_\_\_\_\_

---

### TO PARENTS:

Please complete the authorization below and deliver this form to your son's or daughter's school administrator.

### AUTHORIZATION FOR RELEASE OF EDUCATION RECORDS

In accordance with federal regulations regarding the privacy rights of parents and students under the Family Educational Rights and Privacy Act of 1974, the undersigned hereby consents to the release to Hebron Academy of all education records about the above named applicant to Hebron Academy, including health records, recommendations and such other information as may be requested.

SIGNATURE OF PARENT/LEGAL GUARDIAN \_\_\_\_\_ DATE \_\_\_\_\_

---

### TO SCHOOL ADMINISTRATOR:

The student named above has applied for admission to Hebron Academy. Would you please send the following to:

Office of Admission  
Hebron Academy  
339 Paris Road  
PO Box 309  
Hebron, ME 04238

1. A transcript of the student's school record to date.
2. A copy of the student's complete test profile, including CEEB scores if the candidate has taken these examinations, and any other individual or special testing that has been taken.
3. Any existing file/information that provides for the provision of regular or special education or supportive services designed to meet the appropriate individual need of this student (to include all testing, PET minutes, IEP notes, etc. PL 94-142 or appropriate state law).
4. The principal or guidance counselor's personal recommendations of the pupil as to character, personality and academic potential are welcome.

If this student is admitted to Hebron Academy, we will request a final transcript of the student's record at the end of this academic year.

***Please hold this authorization form on file.***

Thank you for your assistance.

---



# Hebron Academy

339 PARIS ROAD  
PO BOX 309  
HEBRON, ME 04238-0309  
PHONE: 207-966-5225  
FAX: 207-966-1111  
EMAIL: ADMISSION@HEBRONACADEMY.ORG

**NOTE TO STUDENT:** Please print your name below and give this form and a stamped, addressed envelope to your teacher.

NAME OF STUDENT \_\_\_\_\_

**NOTE TO TEACHER:** The student named above is an applicant for admission to Hebron Academy, a college preparatory school. In order to consider students carefully, we ask the professional educators who have worked with them to evaluate their strengths and weaknesses, both as students and as people. We appreciate and thank you for your thoughtful response.

HOW LONG HAVE YOU KNOWN THE STUDENT? \_\_\_\_\_

WHAT COURSE ARE YOU CURRENTLY TEACHING THIS STUDENT? \_\_\_\_\_

HOW ACCURATELY DOES THE STUDENT READ AND UNDERSTAND WHAT HE OR SHE HAS READ?

HOW WELL DOES THE STUDENT WRITE IN COMPARISON WITH THE OTHER STUDENTS YOU HAVE TAUGHT?

HOW WELL DOES THE STUDENT ACCEPT ADVICE OR CONSTRUCTIVE CRITICISM?

WHAT ARE THE FIRST THREE WORDS THAT COME TO MIND TO DESCRIBE THIS STUDENT?

*Please place check marks at the point that represent your evaluation of the student in comparison to other students in his or her grade.*

	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT (TOP 10% THIS YEAR)	GOOD (ABOVE AVERAGE)	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
ACADEMIC POTENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL CURIOSITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFFORT/DETERMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK INDEPENDENTLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILLINGNESS TO TAKE INTELLECTUAL RISKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY/INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-ESTEEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY (RELATIVE TO AGE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECT ACCORDED BY FACULTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECT ACCORDED BY PEERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL EVALUATION AS A PERSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL EVALUATION AS A STUDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please add any comments about the applicant and his/her achievements that you feel are useful in evaluating the general potential of the student. Comments on the student's classroom participation, contributions and overall demeanor in class would be helpful.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ PHONE \_\_\_\_\_

- Please check the box if you would like a Hebron Academy Admission representative to contact you.
- Please send me information about Hebron Academy.



# Hebron Academy

339 PARIS ROAD  
 PO BOX 309  
 HEBRON, ME 04238-0309  
 PHONE: 207-966-5225  
 FAX: 207-966-1111  
 EMAIL: ADMISSION@HEBRONACADEMY.ORG

**NOTE TO STUDENT:** Please print your name below and give this form and a stamped, addressed envelope to your teacher.

NAME OF STUDENT \_\_\_\_\_

**NOTE TO TEACHER:** The student named above is an applicant for admission to Hebron Academy, a college preparatory school. In order to consider students carefully, we ask the professional educators who have worked with them to evaluate their strengths and weaknesses, both as students and as people. We appreciate and thank you for your thoughtful response.

HOW LONG HAVE YOU KNOWN THE STUDENT? \_\_\_\_\_

WHAT COURSE ARE YOU CURRENTLY TEACHING THIS STUDENT? \_\_\_\_\_

Please evaluate the candidate in relation to other students of the same grade. Please check the appropriate box for each item below.

	ABOVE AVERAGE	AVERAGE	BELOW AVERAGE
KNOWLEDGE AND ACCURACY IN THE USE OF BASIC SKILLS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
PROBLEM-SOLVING ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
REASONING ABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
UNDERSTANDING OF AND APPRECIATION FOR UNDERLYING IDEAS AND CONCEPTS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILLINGNESS TO ACCEPT THE CHALLENGE OF MORE DIFFICULT PROBLEMS AND EXERCISES	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

WHAT IS THIS STUDENT'S GREATEST STRENGTH AS A MATH STUDENT?

WHAT ARE THE FIRST THREE WORDS THAT COME TO MIND TO DESCRIBE THIS STUDENT?



*Please place check marks at the point that represent your evaluation of the student in comparison to other students in his or her grade.*

	ONE OF THE TOP FEW I HAVE EVER ENCOUNTERED	EXCELLENT (TOP 10% THIS YEAR)	GOOD (ABOVE AVERAGE)	AVERAGE	BELOW AVERAGE	NO BASIS FOR JUDGMENT
ACADEMIC POTENTIAL	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ACADEMIC ACHIEVEMENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
INTELLECTUAL CURIOSITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EFFORT/DETERMINATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ABILITY TO WORK INDEPENDENTLY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
ORGANIZATION	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CREATIVITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
WILLINGNESS TO TAKE INTELLECTUAL RISKS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
CONCERN FOR OTHERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
HONESTY/INTEGRITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
SELF-ESTEEM	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MATURITY (RELATIVE TO AGE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPONSIBILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECT ACCORDED BY FACULTY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
RESPECT ACCORDED BY PEERS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EMOTIONAL STABILITY	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL EVALUATION AS A PERSON	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL EVALUATION AS A STUDENT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Please add any comments about the applicant and his/her achievements that you feel are useful in evaluating the general potential of the student. Comments about the student's classroom participation, contributions, and overall demeanor in class are helpful.*

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINTED NAME \_\_\_\_\_ EMAIL \_\_\_\_\_

NAME OF SCHOOL \_\_\_\_\_ PHONE \_\_\_\_\_

- Please check the box if you would like a Hebron Academy Admission representative to contact you.
- Please send me information about Hebron Academy.