



Milford Academy Admissions Office
 P.O. Box 878, New Berlin, NY 13411
 Tel: (607) 847-9260 Fax: (607) 847-9250
www.milfordacademy.org

Application for Admission

(Please Print)

Instructions to the Student's Parent(s): To begin the student's application process, please complete this form and mail it (along with the \$65.00 application fee) to Milford Academy Admissions Office shown above. The other forms and questionnaires included with this application form should be self-explanatory. If you have any questions about the application process, please call the Admissions Office.

Grade Level student expects to enter at Milford Academy (Circle One): 9 10 11 12 PG
 Time of year student expects to enter Milford Academy (Check One): Fall___ Mid-Year___ Summer___

Please select the student program (s) (Check One):
 Day Student___ Boarding Student___ Athletic Program___ College Prep___

Student Information

Full Name: _____
 First Middle Last Preferred Name

Address: _____
 Street City State Zip

Date of Birth: ___/___/___ Age: ___ Place of Birth: _____ State: _____

Social Security Number: ___-___-___ Sex: M___ F___ Citizenship: U.S. ___ Other _____

Religious (Denominational) Affiliation: _____

Please list the names, addresses and dates of attendance of the schools the student attended in the last 3 years:

_____	_____	_____
School	Address	Dates of Attendance
_____	_____	_____
School	Address	Dates of Attendance
_____	_____	_____
School	Address	Dates of Attendance

Parent/Guardian Information

Father/Guardian Name

Mother's Name

Father/Guardian's Address

Mother's Address

City State Zip Code

City State Zip Code

(____)_____
Home Phone Work Phone

(____)_____
Home Phone Work Phone

Father's Employer

Mother's Employer

Social Security Number: ____-____-____

Social Security Number: ____-____-____

Date of Birth: __/__/__

Date of Birth: __/__/__

Please check any of the following that apply to the Student/Applicant:

Does the applicant live with both parents? _____ Does the applicant have siblings? _____

Siblings sex and age: _____

Parents are: Married _____ Divorced _____ Separated _____

Mother Deceased _____ Father Deceased _____

Student now lives with: Both Parents _____ Mother _____ Father _____ Guardian _____ Other _____

Guardian Name and relationship to student: _____

Does the applicant have any Milford Academy Alumni or employee relative? _____

Explain: _____

Student History

If the answer to any of the following questions is Yes, please explain in the space below:

1. Has the Student ever been suspended or expelled from school? _____
2. Has the Student ever been arrested or counseled by juvenile authorities because of conduct? _____
3. To the best of your knowledge has the Student used illegal drugs? _____
4. To the best of your knowledge does the Student drink alcohol? _____
5. Has the Student ever been placed in a Special Education Program? _____
(If so, has he ever been successfully remediated and returned to a mainstreamed academic program? _____)
6. Has the Student ever received psychiatric or psychological care or counseling? _____
7. Does the Student take any medication on a regular basis? _____

Explanations: _____

Please list all major extra-curricular activities in which the Student is currently involved in his/her present school other than athletics: _____

Please list any hobbies or activities which the student pursues: _____

Please list any sport (s) which the student pursues: _____

General Health

Does the student have any food allergies or require a special diet? _____ (If yes, please explain below)

Please briefly describe the Student's General Health and explain the nature of any physical, emotional or medical conditions that may hinder the Student's performance or full participation in Milford Academy's programs: _____

Does the Student have any learning disability? _____ (If yes, please explain below)

The ACT/SAT testing organizations have special requirements for students with a learning disability that must be met to provide extended time testing. There are specific records and documents that must be provided timely to register a student for the examination. Milford Academy can provide you with what specific documents are required. Do you acknowledge these requirements and understand that if the records are not provided timely that regular testing will be assigned? _____

Students Health Care Coverage

Insurance Company _____

Policy Number _____

Insurance Policyholder _____

Application Agreement

In making this application, the undersigned hereby affirms his/her understanding of and agreement with the following:

1. That the enrollment of each Milford Academy Student is subject to the conditions and financial terms stated in the Academy's Enrollment Contract.
2. That the Students are enrolled for the entire academic year (or portion of based upon program of studies) and that the Academy makes no reduction or refund of tuition in the case of a Student's absence, dismissal or withdrawal.
3. That in the support of the Academy's policies prohibiting Students use of alcohol or illicit drugs, the undersigned give permission (upon the Students enrollment at Milford Academy) to the Academy, to require the student, under appropriate circumstances, to submit to alcohol/drug screening tests, the results of which will be made known to the Student's parents. Failure to submit to the tests may be grounds for dismissal.
4. That the undersigned must fully disclose to the Academy all relevant information pertaining to the Student's physical, medical, educational, emotional and psychological conditions and needs. Failure to disclose such information may result in separation from the Academy without tuition refund.
5. That all of the Student's immunization records and health forms must be on file in the Academy's Health File before his first day of residence at Milford Academy.
6. That upon the Students enrollment at Milford Academy, authorization is granted for the Academy to use photographs, video and audio for distribution in any form, in perpetuity, for school publications and advertisements.
7. That upon acceptance of the Student into Milford Academy, a non-refundable deposit of \$3,500.00 is required to guarantee the Students enrollment at the Academy. Notification of acceptance is made by telephone within seven days, followed by a mailed copy of this document.
8. This contract/application is subject to the laws of the State of New York.
9. This contract/application may be signed in counterparts.

Signature of Parent or Guardian Financially Responsible for the Student

Dated

Signature of Milford Academy Authorized Admitting Official

Dated

A signature above by a Milford Academy Official, indicated acceptance of the Student into the Academy.

Qualified applicants are accepted without regard to race, religion, sex, or national origin.