



High School Prep Program Application 2012

Students entering 8th grade in Fall 2012

University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214 - 716.829.3605

Student's Full Name: _____
First Middle Last

Home Address: _____
Number and Street Apt#

City: _____ State: _____ Zip Code: _____

Contact Number: _____ Home Office Cell

Date of Birth: _____ Place of Birth: _____

Check all that apply to applicant:

- African American
- Native American
- Hispanic

- Male
- Female

Gross Family Income:

- \$0-\$14,999
- \$15,000 - \$34,000
- \$35,000 - \$49,999
- \$50,000 - Over
- Other Income? _____

Current School: _____ Current Grade: _____

School Address: _____

Name of Guidance Counselor: _____

School Telephone: _____

Previous School(s) your child has attended and years

School	Grade	Date of Attendance

Did your child skip or repeat a grade?

- Yes No

If yes, please explain: _____

Additional Household Information

Please list all school-age children in your household.

Name	Age	School

Does your child have any health issues that might interfere with his/her participation in the Buffalo Prep Programs?

Yes No

If yes, please explain: _____

Student's parents are (check all that apply):

Married Separated Divorced Never Married Mother Deceased Father Deceased

Student Lives with:

Father Mother Guardian Father & Stepparent Mother & Stepparent
 Other: _____

Parent/Guardian Name 1: _____

Male Female

Relationship to student:

Father Mother Guardian Stepparent Other: _____

Place of Birth: _____

Home Address: _____

(If different from student's)

Number and Street

Apt#

City: _____ State: _____ Zip Code: _____

Contact Number: _____ Home Office Cell

Contact Number: _____ Home Office Cell

Contact Number: _____ Home Office Cell

Email: _____

Parent/Guardian Name 2: _____

Male Female

Relationship to student:

Father Mother Guardian Stepparent Other: _____

Place of Birth: _____

Home Address: _____

(If different from student's)

Number and Street

Apt#

City: _____ State: _____ Zip Code: _____

Contact Number: _____ Home Office Cell

Contact Number: _____ Home Office Cell

Contact Number: _____ Home Office Cell

Email: _____

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Please submit the following with your application:

- 1) Child's current report card
- 2) Most recent IRS tax return form (proof of income)
- 3) \$25.00 non-refundable application fee. Fee covers testing for admission.

Check or money order payable to Buffalo Prep.



High School Prep Program Application Consent 2012

University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214 - 716.829.3605

Testing Consent:

I hereby give permission for BUFFALO PREP to administer tests of academic ability and achievement, including group-administered tests and an individually administered intelligence test, as well as a paper-and-pencil questionnaires and short essays concerned with attitude to my child.

(Students Full Name)

First

Middle

Last

as part of the selection procedure for admission to BUFFALO PREP. I understand the result of tests will be used for no purpose other than the selection of BUFFALO PREP participants and, possibly, as supporting material for subsequent preparatory school applicants. I understand the results of these tests will be proprietary for Buffalo Prep's use only.

I also give my consent for BUFFALO PREP to request letters of recommendation from my child's present Math and English teachers and/or a response to a questionnaire concerning my child's study skills, motivation attendance and personality traits that may be relevant to a decision concerning my child's probable success at BUFFALO PREP. I also give my consent for such information to be requested orally from the teacher(s) should time not permit written materials being sought. I likewise give my consent for my child's teacher(s) to supply the aforementioned information, either in writing, orally or both.

I hereby declare that the consent herein granted is entirely voluntary on my part.

Parent/Guardian:

Signature

Print

Date: _____



High School Prep Program Application Transcript Request 2012
University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214 - 716.829.3605

Transcript Request:

The Student named below is an applicant for admission to BUFFALO PREP. Copies of grades and scores on standardized tests are needed for evaluation. Please send transcripts and test scores to:

Buffalo Prep
University at Buffalo
18 Acheson Annex
Buffalo, New York 14214
Fax 716.829.2735

Dear Register

I AUTHORIZE THE RELEASE OF TRANSCRIPTS TO BUFFALO PREP.

Student's Name: _____
Print

Grade: _____

Parent Name: _____
Print

Signature

Date: _____



High School Prep Program Application Activity Consent 2012
University at Buffalo - 18 Acheson Annex - Buffalo, New York 14214 - 716.829.3605

Offsite Activity Consent:

I give my child permission to participate in all BUFFALO PREP activities on and off site.

Parent Name: _____
Print

Signature

Date: _____

Media Consent:

I give Buffalo Prep permission to photograph and videotape my child for promotional purposes in print media, television, and internet.

Parent Name: _____
Print

Signature

Date: _____