



**Middle School Prep Program Application 2012**

**Students entering 6th or 7th grade in Fall 2012**

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

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

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

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: \_\_\_\_\_

\*

Please submit the following with your application:

- 1) Child's current report card
- 2) Most recent IRS tax return form (proof of income)
- 3) \$50.00 application fee. This fee is refundable should your child not be accepted.

Check or money order payable to Buffalo Prep.



**Middle 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:** \_\_\_\_\_



**Middle 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: \_\_\_\_\_



**Middle 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: \_\_\_\_\_