

## APPLICATION FOR ADMISSION

Email Forms 1A, 1B, and a photo of your child to admissions@dlsanyc.org.

### TO BE FILLED IN BY PARENT/GUARDIAN:

1. STUDENT'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

2. PRESENT SCHOOL: \_\_\_\_\_ BORO: \_\_\_\_\_

PRESENT GRADE: \_\_\_\_\_

3. DATE OF BIRTH: \_\_\_\_\_ MONTH DAY YEAR AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

STUDENT'S PLACE OF BIRTH: \_\_\_\_\_  
CITY STATE/PROVINCE COUNTRY

HAS STUDENT ATTENDED SCHOOL IN ANOTHER COUNTRY? \_\_\_\_\_ WHAT GRADES? \_\_\_\_\_

4. STUDENT'S ADDRESS: \_\_\_\_\_  
NUMBER STREET/AVENUE APT. #

\_\_\_\_\_  
CITY/BORO

\_\_\_\_\_  
STATE

\_\_\_\_\_  
ZIP CODE

HOME PHONE: \_\_\_\_\_ AREA CODE NUMBER GUARDIAN'S E-MAIL: \_\_\_\_\_

5. PRIMARY GUARDIAN'S NAME: \_\_\_\_\_  
FIRST MIDDLE LAST

RELATIONSHIP TO STUDENT: \_\_\_\_\_

GUARDIAN'S PLACE OF BIRTH: \_\_\_\_\_  
CITY STATE/PROVINCE COUNTRY

6. PRESENT CHURCH/TEMPLE/SYNAGOGUE/MOSQUE: \_\_\_\_\_

7. LANGUAGE(S) SPOKEN AT HOME: \_\_\_\_\_

8. PARENT(S)/LEGAL GUARDIAN(S) WITH WHOM STUDENT LIVES: \_\_\_\_\_

9. SIBLING NAMES: \_\_\_\_\_ AGE: \_\_\_\_\_ SCHOOL: (IF APPLICABLE) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(CONTINUED ON BACK PAGE)



DE LA SALLE ACADEMY

DOES NOT DISCRIMINATE ON THE BASIS OF RACE, SEX, COLOR, NATIONAL OR ETHNIC ORIGIN



9. SIBLING NAMES (continued): AGE: SCHOOL: (IF APPLICABLE)  
\_\_\_\_\_  
\_\_\_\_\_

10. **STUDENT'S GUARDIAN 2:**

\_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME  
ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM STUDENT'S) NUMBER STREET/AVENUE  
APT. #  
\_\_\_\_\_  
CITY/BORO STATE ZIP CODE

HOME PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EDUCATIONAL BACKGROUND: (PLEASE FILL IN EACH LINE, UP TO HIGHEST LEVEL ATTENDED)  
ELEMENTARY, SCHOOL ATTENDED: \_\_\_\_\_  
HIGH SCHOOL, SCHOOL ATTENDED: \_\_\_\_\_  
COLLEGE, SCHOOL ATTENDED: \_\_\_\_\_  
GRAD SCHOOL, SCHOOL ATTENDED: \_\_\_\_\_  
**(If you did not complete school in the category, please list the number of years.)**

11. **STUDENT'S GUARDIAN 1:**

\_\_\_\_\_  
FIRST NAME MIDDLE NAME LAST NAME  
ADDRESS: \_\_\_\_\_  
(IF DIFFERENT FROM STUDENT'S) NUMBER STREET/AVENUE APT. #  
\_\_\_\_\_  
CITY/BORO STATE ZIP CODE

HOME PHONE: \_\_\_\_\_ WORK/CELL PHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

EDUCATIONAL BACKGROUND: (PLEASE FILL IN EACH LINE, UP TO HIGHEST LEVEL ATTENDED)  
ELEMENTARY, SCHOOL ATTENDED: \_\_\_\_\_  
HIGH SCHOOL, SCHOOL ATTENDED: \_\_\_\_\_  
COLLEGE, SCHOOL ATTENDED: \_\_\_\_\_  
GRAD SCHOOL, SCHOOL ATTENDED: \_\_\_\_\_  
**(If you did not complete school in the category, please list the number of years.)**

12. NAME OF PERSON/S FINANCIALLY RESPONSIBLE FOR STUDENT: \_\_\_\_\_

13. FROM WHOM DID YOU FIRST LEARN ABOUT DE LA SALLE ACADEMY? \_\_\_\_\_

332 West 43rd Street New York, New York 10036  
Phone: 212-316-5840 Fax: 212-316-5998

Website: [www.dlsanyc.org](http://www.dlsanyc.org)  
E-mail: [admissions@dlsanyc.org](mailto:admissions@dlsanyc.org)

## APPLICATION FOR ADMISSION

### TO BE FILLED IN BY STUDENT:

STUDENT'S NAME: \_\_\_\_\_ GENDER: (M/F) \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

1. Please list activities, interests, hobbies or sports in which you have been involved in the last 2 years.

---

---

---

2. If you have been involved in any of the activities below, place a check next to that activity and on the line below it, list any schools or special programs you have attended or performances you have given:

MUSIC (check instruments below)  ART  DANCE (list types of dance below)  DRAMA

<input type="checkbox"/> guitar	<input type="checkbox"/> drums	<input type="checkbox"/> jazz	<input type="checkbox"/> modern
<input type="checkbox"/> piano	<input type="checkbox"/> keyboard	<input type="checkbox"/> ballroom	<input type="checkbox"/> ballet
<input type="checkbox"/> voice	<input type="checkbox"/> other _____	<input type="checkbox"/> tap	<input type="checkbox"/> other _____

OTHER ACTIVITIES \_\_\_\_\_

3. Please check the type of reading you like the most:

NOVELS (check type)  BOOKS (check type)  MAGAZINES

<input type="checkbox"/> science fiction	<input type="checkbox"/> historical	<input type="checkbox"/> NEWSPAPERS
<input type="checkbox"/> mystery	<input type="checkbox"/> sports	<input type="checkbox"/> OTHER _____
<input type="checkbox"/> fantasy	<input type="checkbox"/> biography	

4. Identify two school subjects you enjoy and briefly explain why you like **each** of them.

---

---

---

---

---

(OVER)

5. List the titles of some books you would like to discuss with the interviewer(s) if you are chosen for an interview.

---

---

---

---

6. Describe some situation in which you volunteered help either to an individual or an organization in need. (Please give examples in your description.)

---

---

---

---

7. What groups or clubs do you belong to outside of school? (e.g. church group, Scouts, dance, sports, etc.)

---

---

---

---

8. Have you ever done any traveling? Where and when?

---

---

---

---

9. Why do you want to attend De La Salle Academy?

---

---

---

---

10. Please use the space below for any other information about yourself not covered above that you feel would help us to know more about you and your interests.

---

---

---

## SCHOOL TRANSCRIPT

*To be completed by a current staff member at your child's school*

STUDENT'S NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_  
FIRST MIDDLE LAST

PRESENT GRADE: \_\_\_\_\_ SCHOOL PHONE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ FAX: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_  
NUMBER STREET BOROUGH ZIP

**PLEASE COMPLETE THE FOLLOWING, EITHER BY WRITING THE REQUESTED INFORMATION ON THE LINES (PREFERRED), OR BY ATTACHING COPIES OF REPORT CARDS AND/OR TEST SCORES TO THE BACK OF THIS SHEET. IN EITHER CASE, PLEASE FILL OUT THE TOP AND BOTTOM AND INCLUDE THIS SHEET. SUBMIT**

### APPLICANT'S FINAL REPORT CARD GRADES FOR JUNE OF THE PREVIOUS SCHOOL YEAR:

ELA	_____	MATH	_____
READING	_____	SCIENCE	_____
WRITING	_____	SOCIAL STUDIES	_____
LISTENING/ SPEAKING	_____	ACADEMIC BEHAVIOR	_____

### APPLICANT'S MOST RECENT REPORT CARD GRADES FOR THE CURRENT SCHOOL YEAR:

ELA	_____	MATH	_____
READING	_____	SCIENCE	_____
WRITING	_____	SOCIAL STUDIES	_____
LISTENING/ SPEAKING	_____	ACADEMIC BEHAVIOR	_____

### MOST RECENT STANDARDIZED TEST SCORES (N.Y. STATE TEST, SRA, ERB, MAT, ITBS, etc): (MAY BE FROM SPRING OF THE PREVIOUS SCHOOL YEAR)

#### E.L.A. / READING / LITERACY:

NAME OF TEST: \_\_\_\_\_

DATE GIVEN: \_\_\_\_\_

SCORE: \_\_\_\_\_

#### MATHEMATICS:

NAME OF TEST: \_\_\_\_\_

DATE GIVEN: \_\_\_\_\_

SCORE: \_\_\_\_\_

YOUR NAME AND POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

YOUR E-MAIL ADDRESS (*please print*):  
\_\_\_\_\_



332 West 43rd Street New York, New York 10036  
 Phone: 212-316-5840 Fax: 212-316-5998

Website: www.dlsanyc.org  
 E-mail: admissions@dlsanyc.org

## TEACHER RECOMMENDATION #1

(ALL RESPONSES WILL REMAIN STRICTLY CONFIDENTIAL)

STUDENT'S NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_  
FIRST MIDDLE LAST

PRESENT GRADE: \_\_\_\_\_ SCHOOL PHONE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ FAX: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_  
NUMBER STREET BOROUGH ZIP

**PLEASE CHECK THE RATING WHICH BEST DESCRIBES THE STUDENT'S PERFORMANCE IN THE AREAS LISTED. PLEASE CHECK ONLY ONE BOX FOR EACH ITEM.**

### Personal Description

	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgment
Leadership Potential						
Effort/Determination						
Concern for others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility (Motivation/Initiative)						
Self-Starting						
Ability to receive feedback						
Overall Evaluation as a Person						

### Academic Evaluation

	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Ability to work independently						
Ability to work with others						
Organization						
Creativity						
Persistence through academic challenges						
Preparation for Class						
Faithfulness with Assignments						
Overall Academic Evaluation						

<b>Math Skills</b>	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgment
Computation						
Grasp of Concepts						
Problem Solving						

<b>Reading Skills</b>	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgment
Comprehension						
Power of Analysis						
Fluency						

<b>Writing Skills</b>	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgment
Grammar & Mechanics						
Organization of Paragraphs						

<b>Language Skills</b>	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgment
Clarity of Speech						
Vocabulary						
Grammar & Mechanics						

AREA(S) OF GREATEST STRENGTH:

AREA(S) NEEDING IMPROVEMENT:

Do standardized test scores and report card grades reflect the true ability of this student? Y/N If not, please explain:

Has this student ever skipped a grade? \_\_\_\_\_ If yes, which grade was skipped? \_\_\_\_\_

Has this student ever repeated a grade? \_\_\_\_\_ If yes, which grade was repeated? \_\_\_\_\_

Are you aware of any home or personal circumstances that might hinder this student's success in a demanding academic environment? If yes, please explain:

(Please Circle)

low      average      above average      high      outstanding

**Overall Academic Rating:**                      1                      2                      3                      4                      5

**Overall Personal Rating:**                      1                      2                      3                      4                      5

Please state your position in the school. \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

YOUR E-MAIL ADDRESS: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ (Please Print) DATE: \_\_\_\_\_

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

Schools should submit both forms 2A and 2B via email to [admissions@dlsanyc.org](mailto:admissions@dlsanyc.org) or via mail to Admissions, De La Salle Academy, 332 West 43rd Street, New York, NY 10036.



332 West 43rd Street New York, New York 10036  
 Phone: 212-316-5840 Fax: 212-316-5998

Website: www.dlsanyc.org  
 E-mail: admissions@dlsanyc.org

## TEACHER RECOMMENDATION #2

(ALL RESPONSES WILL REMAIN STRICTLY CONFIDENTIAL)

STUDENT'S NAME: \_\_\_\_\_ GENDER: \_\_\_\_\_  
FIRST MIDDLE LAST

PRESENT GRADE: \_\_\_\_\_ SCHOOL PHONE: \_\_\_\_\_

SCHOOL NAME: \_\_\_\_\_ FAX: \_\_\_\_\_

SCHOOL ADDRESS: \_\_\_\_\_  
NUMBER STREET BOROUGH ZIP

**PLEASE CHECK THE RATING WHICH BEST DESCRIBES THE STUDENT'S PERFORMANCE IN THE AREAS LISTED. PLEASE CHECK ONLY ONE BOX FOR EACH ITEM.**

### Personal Description

	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgment
Leadership Potential						
Effort/Determination						
Concern for others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility (Motivation/Initiative)						
Self-Starting						
Ability to receive feedback						
Overall Evaluation as a Person						

### Academic Evaluation

	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Ability to work independently						
Ability to work with others						
Organization						
Creativity						
Persistence through academic challenges						
Preparation for Class						
Faithfulness with Assignments						
Overall Academic Evaluation						

<b>Math Skills</b>	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgment
Computation						
Grasp of Concepts						
Problem Solving						

<b>Reading Skills</b>	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgment
Comprehension						
Power of Analysis						
Fluency						

<b>Writing Skills</b>	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgment
Grammar & Mechanics						
Organization of Paragraphs						

<b>Language Skills</b>	Outstanding	Excellent	Good	Average	Below Average	No Basis for Judgment
Clarity of Speech						
Vocabulary						
Grammar & Mechanics						

AREA(S) OF GREATEST STRENGTH:

AREA(S) NEEDING IMPROVEMENT:

Do standardized test scores and report card grades reflect the true ability of this student? Y/N If not, please explain:

Has this student ever skipped a grade? \_\_\_\_\_ If yes, which grade was skipped? \_\_\_\_\_

Has this student ever repeated a grade? \_\_\_\_\_ If yes, which grade was repeated? \_\_\_\_\_

Are you aware of any home or personal circumstances that might hinder this student's success in a demanding academic environment? If yes, please explain:

(Please Circle)

	<u>low</u>	<u>average</u>	<u>above average</u>	<u>high</u>	<u>outstanding</u>
<b>Overall Academic Rating:</b>	1	2	3	4	5
<b>Overall Personal Rating:</b>	1	2	3	4	5

Please state your position in the school. \_\_\_\_\_

How long have you known this student? \_\_\_\_\_

YOUR E-MAIL ADDRESS: \_\_\_\_\_ SIGNATURE \_\_\_\_\_ (Please Print) DATE: \_\_\_\_\_

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

Schools should submit both forms 2A and 2B via email to [admissions@dlsanyc.org](mailto:admissions@dlsanyc.org) or via mail to Admissions, De La Salle Academy, 332 West 43rd Street, New York, NY 10036.