



ACADEMIES @ ENGLEWOOD

Englewood Public School District

274 Knickerbocker Road

Englewood, NJ 07631

T: 201.862.6052 F: 201.833.6168

website: www.academies-englewood.org

APPLICANT'S NAME

(Please Print)

Last Name

First Name

FOR THE APPLICANT: CLASS OF 2012

Academies @ Englewood candidates must indicate the program of greatest interest by ranking the choices below 1 through 5, with 1 being your first choice.

___ Biomedicine Academy

___ Finance Academy

___ Information Systems Academy

___ Law and Public Safety Academy

___ Pre-Engineering Academy

ADMISSIONS PROCEDURE

1. Complete the **Student Application Form**.
2. Both applicant and the parent/guardian must sign the application.
3. Give the **Teacher Recommendation Forms** to two of your middle school academic teachers, one of whom must be a math instructor, the other a humanities teacher, with a stamped envelope to the address given on the *Recommendation Form*.
4. Submit the form *Applicant's District* to your guidance counselor or school administrator.
5. Select a test date below.
6. All materials must be postmarked not later than Friday, February 1, 2008.

ADMISSIONS TESTING

Testing will be conducted at: Academies @ Englewood
274 Knickerbocker Road
Englewood, NJ 07631

Please check your testing date of choice below:

Saturday, February 2, 2008 at 9:00 AM

Sunday, February 3, 2008 at 1:00 PM

Please arrive on campus twenty minutes before testing time with two #2 pencils. Calculators are prohibited.

Student Application Form

• This form is to be completed by the applicant. Please type or print legibly in pen. **Submit application by Friday February 1, 2008.**

Applicant's Name

Last Name

First Name

Middle

Mailing Address

Street

City

State

Zip Code

Home Tel.

Social Security #

email

Date of Birth

Birthplace

Gender: Male Female

Mother's/Guardian's Name

Last Name

First Name

Middle

Home Tel.

Business Tel.

Cell

Father's/Guardian's Name

Last Name

First Name

Middle

Home Tel.

Business Tel.

Cell

Parent/Guardian Release Authorization

I hereby authorize my son's/daughter's school district to make available all requested scholastic, health, and child study team evaluations, if applicable, to the Englewood Public Schools Admissions Committee for the Academies @ Englewood.

Parent's/Guardian's Signature _____ Date _____

Applicant's Signature _____ Date _____

Is the applicant a US citizen? Yes No

Required Emergency Contact

(other than parent/guardian)

Full Name _____

Address _____

Telephone _____ Cell _____ Relationship to applicant _____

Please complete this section. Ethnic information is required by the U.S. Department of Health, Education and Welfare Office for Civil Rights Compliance. The Englewood Public Schools District does not discriminate in its admission policies and practices on the basis of race, color, national origin, gender, or disability.

PLEASE CHECK ONE:

African American Asian Pacific Islander Hispanic Native American White Other _____

Applicant's Essay/Englewood - Class of 2012

Directions:

The purpose of this portion of the application is to help the Academies @ Englewood Admissions Committee get a sense of you as an individual – what you are like and what interests you. Please write or type, in fewer than 500 words, any information which you think will help us to do that. If needed, you may attach a separate sheet.

APPLICANT'S INSTRUCTIONS / ENGLEWOOD

Complete this form and mail to:

ACADEMIES @ ENGLEWOOD
Englewood Public School District
Michele Farley
Admissions Committee - Room 529
274 Knickerbocker Road
Englewood, NJ 07631

Give the form entitled "Applicant's District" to a guidance counselor or school administrator. Please request that he/she mail the necessary information by **Friday, February 1, 2008**. Print below the name and position of the person to whom you have given this form.

Name _____ Position _____

Give the teacher recommendation forms, along with a stamped, pre-addressed envelope, to two of your teachers. One must be a mathematics instructor and the other must be a humanities (English, social studies, or world language) instructor. Ask each instructor to mail a recommendation directly to the Admissions Committee at the above address by **Friday, February 1, 2008**.

Please print below the names of your reference teachers.

Mathematics Teacher _____

Humanities Teacher _____

OUT OF DISTRICT STUDENTS

Please write the date interdistrict notification of intent to participate was given to your superintendent.

Date: _____

SIGNATURES

The responsibility of the ENGLEWOOD SCHOOL DISTRICT for the welfare of its students can be met only if full and accurate information is provided.

Applicant's Name (print): _____ Date: _____

Applicant's Signature: _____

My child has permission to apply to the Academies @ Englewood. I hereby give permission to my child's school to release his/her school records in support of this application.

Parent(s) /Guardian(s) Signature _____ Date: _____

School hours are 8:00am to 4:00pm daily.