

APPLICATION FOR ADMISSION

Email Forms 1A, 1B, and a photo of your child to admissions@dlsanyc.org.
By submitting this application, your child will be registered for the entrance
exam on January 6, 2024.

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
E-mail: 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

(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						

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

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

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

Language Skills	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 or via mail to Admissions, De La Salle Academy, 332 West 43rd Street, New York, NY 10036.