



Tyburn Academy

Of Mary Immaculate

17 Clymer St., Auburn, NY 13021

APPLICATION FOR ADMISSION

Personal Information

Applicant's
Name:

Today's
Date:

Preferred
Name:

Applying
for Grade:

Admission
Year:

Home Address:

Phone: ()

Date of
Birth:

Age:

Place of
Birth:

Country of
Citizenship

Native
Language:

Religious
Preference:

Parish or
Church:

Date of
Baptism:

Date of
Confirmation:

Date of
Communion:

How did you learn about Tyburn Academy? _____

Family Information

Does applicant
live with
parents?

Mother
only?

Father
only?

Other:

Parents currently
married?

Parents
separated?

Parents
divorced?

Parent(s)
remarried?

Do other adults
live at home?

Names(s) and
Role(s):

Father's Name:

Preferred Phone: Text Y or N

Email:

Place of Employment:

Work Phone:

Work Address:

Position or Job Title:

Last year of Education completed (circle one)

9 10 11 12 13 14 15 16 17 18+

Degree Earned: College:

Mother's Name:

Preferred Phone: Text Y or N

Email:

Place of Employment:

Work Phone:

Work Address:

Position or Job Title:

Last year of Education completed (circle one)

9 10 11 12 13 14 15 16 17 18+

Degree Earned: College:

Name(s) of Siblings

Age(s)

School(s) Currently Attending

School History (List names of other schools attended. An official transcript is required before application can be considered.)

School Attended

Location/Address

Attendance Dates

Has applicant ever skipped a grade? _____ If so, what grade? _____

Has applicant ever repeated a grade? _____ If so, what grade? _____

Has applicant ever been tested/treated for a learning disability? _____ Explain: _____

Does applicant receive special services? _____ If so, describe: _____

Does applicant have an I.E.P. in place at his or her current school? _____ Please list name and phone number of contact at current school district: _____

(Please note that a current copy of the student's I.E.P. will be required before the admissions process can be completed.)

Is the applicant transferring from another high school? _____ If so, why? _____

Student Questionnaire:

Please describe an event that has had a special impact or significance in your life.

Medical Information

A medical examination and certificate signed by your physician are required before enrollment.

Does applicant suffer from any specific health conditions that we should be aware of? _____
Explain: _____

Does he/she require any special attention? _____

Is applicant currently taking any medication? _____ List: _____

Has applicant stayed home from school repeatedly for long periods due to illness? _____
If yes, please explain: _____

Has applicant ever been tested /treated for ADD or ADHD? _____ Explain: _____

Has applicant ever received any special attention or evaluation from a psychologist, therapist, or counselor?
If so, please list date(s), name(s), and address(es) of consultant and briefly describe situation. _____

Affidavit

I hereby certify that all information on this applicant and all information requested by the Admissions Committee of Tyburn Academy, for which I am responsible, is complete and accurate, and I understand that falsification or omission of information may result in disqualification or dismissal.

Furthermore, I understand that all information submitted to the Admissions Committee of Tyburn Academy is confidential and shall not be disclosed to anyone including myself or my family, and that the Director of Admissions may disclose, for official purposes, any information according to his or her discretion including, but not limited to secondary schools which applicant has attended.

Parent/Guardian signature _____ Date _____

Parent/Guardian signature _____ Date _____