



Academy Nine
6th Grade Application for Admission
Family Questionnaire

Due: January 5, 2010

Part I: Student Information

Student's Full Name: _____ Male
 Female
First Middle Last

Date of Birth: _____ Place of Birth: _____

Is the student a U.S. Citizen or permanent resident? Yes No

If No, please explain student's current status: _____

Home Address: _____
Number and Street Apartment Number

_____ *City State Zip Code*

Home Phone: _____ Email: _____

Check all that apply: Black White Hispanic Asian Native American Other: _____

Current School: _____ Current Grade: _____

School Address: _____

Is the student in Advanced Work Class (AWC) for 6th grade? Yes No

Has the student ever advanced or skipped a grade? Yes No If yes, which grade? _____

Has the student ever repeated a grade? Yes No If yes, which grade? _____

List the name and address of other schools the student has attended in the last three years:

Part II: Family Information

1. Student's parents are (check all that apply):

Married Separated Divorced Never Married Mother Deceased Father Deceased

2. Student lives with (check all that apply):

Father Mother Guardian Father & Stepparent Mother & Stepparent Other: _____

3. Does the student speak a language other than English fluently? Yes No
If yes, what language? _____

4. Primary language spoken at home: _____

Part III: Parent/Guardian Information

Male
 Female

A. Name of Parent/Guardian 1: _____

First

Last

Relationship to student: Mother Father Guardian Stepparent Other: _____

Name of Parent/Guardian 1's spouse or partner (if not the student's parent): _____

Home address (if different from the student's): _____

Home phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Business Phone: _____ Email: _____

Please check all that apply and note school(s) attended by Parent/Guardian 1:

- Grammar School (Grades K-8 or equivalent): _____
- High School (Grades 9-12 or equivalent): _____
- Two-year College (or equivalent): _____
- Four-year College (or equivalent): _____
- Graduate School (or equivalent): _____

Has Parent/Guardian 1 graduated high school? Yes No Earned a GED? Yes No

Is Parent/Guardian 1 currently attending school? Yes No Name of school: _____

Place of Birth: _____ Native Language: _____

Male
 Female

B. Name of Parent/Guardian 2: _____

First

Last

Relationship to student: Mother Father Guardian Stepparent Other: _____

Name of Parent/Guardian 2's spouse or partner (if not the student's parent): _____

Home address (if different from the student's): _____

Home phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Business Phone: _____ Email: _____

Please check all that apply and note school(s) attended by Parent/Guardian 2.

- Grammar School (Grades K-8 or equivalent): _____
- High School (Grades 9-12 or equivalent): _____
- Two-year College (or equivalent): _____
- Four-year College (or equivalent): _____
- Graduate School (or equivalent): _____

Has Parent/Guardian 2 graduated high school? Yes No Earned a GED? Yes No

Is Parent/Guardian 2 currently attending school? Yes No Name of school: _____

Place of Birth: _____ Native Language: _____

1. Please list the following information about the student's brothers and sisters:

Name	Age	Current School	Grade	If a Steppingstone Scholar, note year of commencement

The following questions will help Steppingstone to support your family through the financial aid process for independent schools.

2. Does your child qualify to receive free or reduced price lunch?

- Yes, free lunch
 Yes, reduced price lunch
 No

3. Estimated total annual income for all parents/guardians, and stepparents (including alimony received, investment income, etc.).

4. Estimated family assets (including real estate, cars, businesses, bank accounts, etc.).

Home: Cars:

Checking: Businesses:

Savings: Other:

Part IV: Parent/Guardian Responses

***** THIS SECTION IS TO BE COMPLETED BY A PARENT/GUARDIAN, NOT BY THE STUDENT. PARENTS/GUARDIANS CAN SEEK HELP FROM A TRANSLATOR IF NECESSARY *****

1. Why do you and your child want to participate in The Steppingstone Academy? (Please consider all aspects of the program and share specific program details that you feel would benefit your child.)

2. All Academy Nine Scholars are expected to apply to independent schools as their first choice due to limited ninth-grade openings at public exam schools. At this point, which type of school do you **prefer** for your child for 9th grade?

- Independent Day Schools
 Independent Boarding Schools
 Public Exam Schools
 Don't know

Please list independent schools you've heard of and why you would consider these schools for your child.

3. Please list all activities, groups, etc. in which your family participates.

4. Steppingstone provides bus transportation to and from our site during the summer, but not to Wednesday after-school and Saturday classes during the school year. You will be responsible for providing transportation during that time. Please tell us how you plan to provide transportation:

I will provide transportation for my child during the school year in the following way(s) (check all that apply):

- I will arrange a ride for my child.
- I am interested in arranging a carpool with other parents/guardians.
- I will allow my child to take public transportation.

5. Depending on level of interest, we hope to add an after-school location in or near East Boston for our Wednesday school-year classes. Please check one of the following to indicate interest in an after-school location closer to East Boston.

- I would only participate in the program if able to choose the location in or near East Boston for Wednesday classes.
- I could do either the East Boston or Dorchester location for Wednesday classes.
- I would choose the location in Dorchester for Wednesday classes.

Part V: Confidentiality

The student and his or her parent or guardian agree this application and any other information received by The Steppingstone Academy in connection with this application are true to the best of their knowledge, and understand that this information is strictly confidential and will not be disclosed to the student, to the student's family members, or to any other person unaffiliated with The Steppingstone Foundation.

Student's Signature: _____ Date of Application: _____

Parent's or Guardian's Signature: _____

Please mail this completed form along with the Student Questionnaire by **January 5, 2010** to:

Academy Nine - Admission
The Steppingstone Foundation
155 Federal Street, Suite 800
Boston, MA 02110

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