



Pre-Application Form

*Please submit at soon as possible to start your application

Due: January 6, 2016

Part I: Program Interest

I am interested in the following program of The Steppingstone Foundation:

- The Steppingstone Academy
- College Success Academy

Part II: 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: _____
U.S. Citizenship or permanent residency is not a requirement of The Steppingstone Foundation

How long has the student lived in the U.S.? Since birth For _____ years

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: _____

Boston Public School Charter Parochial Private METCO Other: _____

Teacher's Name: _____

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

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

Has the student applied to an independent school before? Yes No If yes, which? _____

Has the student applied to a Steppingstone program before? Yes No If yes, in what year? _____

Part III: 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. Total number of people living at the student's primary residence? 2 3 4 5 6 7 8 9+
4. Does the student speak a language other than English fluently? No Yes (what language) _____
5. Primary language spoken at home: _____

Part IV: Parent/Guardian Information

- Male
 Female

A. Parent/Guardian 1: _____

First *Last*

Relationship to student: Mother Father Guardian Stepparent Other: _____

Home address: _____ Home Phone: _____

Cell phone: _____ Business phone: _____ Email: _____

Occupation: _____ Employer: _____ Annual Income: _____

Place of Birth: _____ Native Language: _____

- Male
 Female

B. Parent/Guardian 2: _____

First *Last*

Relationship to student: Mother Father Guardian Stepparent Other: _____

Home address: _____ Home Phone: _____

Cell phone: _____ Business phone: _____ Email: _____

Occupation: _____ Employer: _____ Annual Income: _____

Place of Birth: _____ Native Language: _____

1. Please list the information for all of the student's brothers and sisters and any other members of your household (attach another page if necessary; do not include the student or parents/guardians already mentioned):

Name	Age	Relationship to student	Current or most recent school/college attended	Check if lives with student
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

2. Please check the appropriate box below if you receive any of the following:

- SNAP (Supplemental Nutrition Assistance Program) SSI (Supplemental Security Income)
- TAFDC (Transitional Aid to Families with Dependent Children) Mass Health/Medicaid
- DCF Foster Care Program Other state or transitional assistance

Part V: Confidentiality

The parent or guardian agrees 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 any other person not affiliated with The Steppingstone Foundation.

Parent's or Guardian's Signature: _____ Date: _____

Please mail this completed form to the following address:

The Steppingstone Foundation - Admissions
One Appleton Street, 4th Floor
Boston, MA 02116