

Desired date of Admission:

Residence Status

_____Immediately (Month/Year) _____

_____Five-Day Student

_____Fall, 20_____

_____Seven-Day Student

_____Second Semester, 20_____

Current School Information

Present School _____ Grade Enrolled _____

Address _____ Phone _____

City _____ State _____ Zip _____

Names to contact for educational information/references:

Name of (one only): _____Counselor _____Principal/Head

Name of English and Math Teachers:

Subjects Currently Taking

Grades to date

Favorite Subject: _____ Least Favorite _____

Has student ever been on a specialized Education Plan? _____Yes _____No

Unofficial Transcript enclosed with application? _____Yes _____No

Has student had a formal educational evaluation? _____Yes _____No If yes, date(s) _____

Name/address/phone number(s) of evaluator(s): _____

please have a copy of any testing sent to the Admission Office

List schools attended in the past three years:

Schools/grades attended _____ City/State

Schools/grades attended _____ City/State

Schools/grades attended _____ City/State

Schools/grades attended _____

City/State _____

Academic and Additional Information

It is very important that the following be answered completely and honestly so the Admission Office will understand the applicant's background. Please attach additional statements to the application if necessary.

Has the applicant ever been:	in school suspended?	_____Yes	_____No
	Out of school suspended?	_____Yes	_____No
	Expelled?	_____Yes	_____No
	Asked to withdraw?	_____Yes	_____No

If yes to any of the above, please explain: _____

Has the applicant ever been involved with law enforcement authorities? _____Yes _____No
If yes, please explain: _____

To the best of your knowledge, has the applicant ever used alcohol or other drugs? _____Yes _____No
If yes, please explain: _____

Please describe anything in your son's medical or psychological history that would help us determine his needs:

Has the applicant ever received professional counseling? _____Yes _____No If yes, please explain: _____

Name/address/phone number of counselor: _____

Please comment on the applicant's educational background and why you believe our school would be an appropriate fit: _____

Applicant and parents heard of the Grand River Academy through (give Name):

_____ Friend _____

_____ Alumnus _____

_____ Educational Consultant _____

_____ Educational Publication _____

_____ Other _____

Will the applicant be a candidate for financial aid? _____Yes _____No

What are your expectations of the Academy as parents/guardians of an applicant? _____

The applicant should respond to the following items in his own handwriting, you may attach additional paper if necessary:

Extracurricular and personal interests of the applicant: _____

Please comment on the applicants significant church, school, athletic and community service: _____

In your opinion what are the qualities of a good teacher? Describe a good teacher you have had: _____

What do you hope to achieve at the Academy, and what will you add to our community? _____

Please read carefully before signing and submitting:

I certify that I have read and understand this application, and that the information I have submitted is complete and correct to the best of my knowledge. I agree to communicate to the Admission Office in writing any changes in any matters contained herein even if such changes occur after the student has enrolled. I understand that any material falsification or omission of vital information may be caused for dismissal.

Signature of Parent/Guardian _____ Date _____

Signature of Applicant _____ Date _____

Person(s) who will assume responsibility for payment of tuition? (other than parents)

Print Name & Relationship

English Teacher Recommendation Form

Candidates Name: _____

The Grand River Academy works with young men who learn best with small classes, a structured schedule and on-campus faculty support. A typical student enters Grand River with academic potential they have yet to realize. All students take college preparatory classes and college or university acceptance is a graduation requirement. The information you provide on this student is confidential and very helpful in evaluating the appropriateness of our school for the applicant. Please return this recommendation directly to the Academy.

Teacher's name: _____ Title: _____

How long and in what capacity have you known the applicant? _____

What are his greatest strengths? _____

What are his greatest needs?

	NO BASIS FOR JUDGEMENT	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
INTELLECTUAL ABILITY					
REACTION TO CRITICISM					
CLASS PARTICIPATION					
MATURITY/INDEPENDENCE					
RAPPORT WITH ADULTS					
RAPPORT WITH PEERS					
CONCERN FOR OTHERS					
CONCERN FOR SELF					

Have you had to take any disciplinary action involving the applicant? If so, please explain.

Does the applicant have any personal or emotional difficulties of which the school should know about?

Please feel free to add any additional information that you feel will be helpful to the admissions committee.
Thank you for taking the time to complete this recommendation.

Signature: _____ Date: _____

School: _____ Address: _____

School telephone: _____

Email and/or fax: _____

Math Teacher Recommendation Form

Candidates Name: _____

The Grand River Academy works with young men who learn best with small classes, a structured schedule and on-campus faculty support. A typical student enters Grand River with academic potential they have yet to realize. All students take college preparatory classes and college or university acceptance is a graduation requirement. The information you provide on this student is confidential and very helpful in evaluating the appropriateness of our school for the applicant. Please return this recommendation directly to the Academy.

Teacher's name: _____ Title: _____

How long and in what capacity have you known the applicant? _____

What are his greatest strengths? _____

What are his greatest needs?

	NO BASIS FOR JUDGEMENT	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
INTELLECTUAL ABILITY					
REACTION TO CRITICISM					
CLASS PARTICIPATION					
MATURITY/INDEPENDENCE					
RAPPORT WITH ADULTS					
RAPPORT WITH PEERS					
CONCERN FOR OTHERS					
CONCERN FOR SELF					

Have you had to take any disciplinary action involving the applicant? If so, please explain.

Does the applicant have any personal or emotional difficulties of which the school should know about?

Please feel free to add any additional information that you feel will be helpful to the admissions committee.
Thank you for taking the time to complete this recommendation.

Signature: _____ Date: _____

School: _____ Address: _____

School telephone: _____

Email and/or fax: _____

Principal/Head/Counselor Recommendation Form

Candidates Name: _____

The Grand River Academy works with young men who learn best with small classes, a structured schedule and on-campus faculty support. A typical student enters Grand River with academic potential they have yet to realize. All students take college preparatory classes and college or university acceptance is a graduation requirement. The information you provide on this student is confidential and very helpful in evaluating the appropriateness of our school for the applicant. Please return this recommendation directly to the Academy.

Teacher's name: _____ Title: _____

How long and in what capacity have you known the applicant? _____

What are his greatest strengths? _____

What are his greatest needs?

	NO BASIS FOR JUDGEMENT	EXCELLENT	GOOD	AVERAGE	BELOW AVERAGE
INTELLECTUAL ABILITY					
REACTION TO CRITICISM					
CLASS PARTICIPATION					
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RAPPORT WITH ADULTS					
RAPPORT WITH PEERS					
CONCERN FOR OTHERS					
CONCERN FOR SELF					

Have you had to take any disciplinary action involving the applicant? If so, please explain.

Does the applicant have any personal or emotional difficulties of which the school should know about?

Please feel free to add any additional information that you feel will be helpful to the admissions committee. Thank you for taking the time to complete this recommendation.

Signature: _____ Date: _____

School: _____ Address: _____

School telephone: _____

Email and/or fax: _____

The Grand River Academy Admission Office, 3042 College Street, Austinburg, OH 44010
440-275-2811/ 440-275-1825 (fax)



The Grand River Academy

3042 College St * PO Box 222 * Austinburg, Ohio 44010

TEL. (440) 275-2811 * Fax (440) 275-1825 * www.grandriver.org

REQUEST FOR RELEASE OR TRANSFER OF SCHOOL RECORDS

(Records should include)

- Academic transcript
- Health records
- Semester grades/credits or withdrawal grades
- Discipline Record
- Academic and/or psychological testing results
- Special education records (IEP, Multi-factored Evaluation)

It is requested that an official copy of the school records of:

Name: _____

Grade: _____ Date of Birth: _____

Be released from:

School last enrolled: _____

City: _____ State: _____ Zip: _____

Transferred to The Grand River Academy, 3042 College Street / P.O. Box 222, Austinburg, OH 44010 as soon as possible.

Signature of parent, legal guardian, or student {if over 18})

(City, State, Zip code)

(Date)

(Phone)