



# Application for Enrollment Checklist

## 1. Read and Fill Out the Following Application

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|-------------------------------------|-----------------------------|
| I. Applicant Data                   | VI. Medical Information     |
| II. Applicant Parent/Guardian Data  | VII. General Information    |
| III. Custody Information            | VIII. Payment Information   |
| IV. Academic History                | IX. Submission Instructions |
| V. Citizenship/Disciplinary History | X. Signature                |

## 2. Please Attach the Following Documents to Complete the Application:

- Recent Color Photograph to Front Page of Application (optional).
- English Recommendation Form
- Math Recommendation Form
- Principal/Head/Guidance Recommendation Form
- Current Copy of the I.E.P. and/or 504 Plan if Applicable

## 3. Include a Non-Refundable \$100.00 Application Fee Payable to Grand River Academy

- a. Payment Options Included in Section VIII of Application

## 4. Mail Form and All Supplemental Forms to:

**Director of Admission  
Grand River Academy  
3042 College Street  
Austinburg, OH 44010**

**Or email to: [admissions@grandriver.org](mailto:admissions@grandriver.org)**

Please contact the **Admission Office at (440) 275-2811 or via email [admissions@grandriver.org](mailto:admissions@grandriver.org)** with any questions or concerns regarding the application and enrollment process.

We look forward to seeing your son very soon!



# Application for Admission

Grand River Academy  
3042 College Street  
Austinburg, Ohio 44010  
Tel (440) 275-2811 Fax (440) 275-1825

Please  
Attach Current  
Color Photo  
of Applicant

## I. APPLICANT DATA

<i>Last Name</i>	<i>First Name</i>	<i>Middle</i>	<i>Preferred</i>
<i>Social Security Number</i>	<i>Citizenship</i>	<i>Birthdate</i>	<i>Age</i>
			<i>Height</i> <i>Weight</i>

Current Grade: \_\_\_\_\_ Date Application Completed: \_\_\_\_\_

Prospective Grade: 8 9 10 11 12 Post Graduate

Indicate the program(s) you are applying for:

- Academic School Year \_\_\_\_\_
- Summer Academy \_\_\_\_\_

Please indicate the applicant's residence status:

- 7 Day Boarding
- 5 Day Boarding
- Day

**Truth in Information Responsibility of Applicant and Applicant Family**

We expect each family to give us a complete and truthful history of a young man's successes and failures, his past behavior, health and academic information as requested on the application and during the matriculation process. Failure to do so may result in an inadequate assessment of the student's ability to succeed at Grand River Academy.

## II. PARENT / GUARDIAN DATA

### Applicant

\_\_\_\_\_  
*Last Name*                      *First Name*                      *Middle*                      *Preferred*

\_\_\_\_\_  
*Social Security Number*      *Citizenship*                      *Birthdate*                      *Age*                      *Height*      *Weight*

#### Father

\_\_\_\_\_  
*Full Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*                      *State*                      *Zip*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Occupation*                      *Title*

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*College(s) and Degree(s)*

\_\_\_\_\_  
*WeChat ID*                      *Skype ID*

#### Mother

\_\_\_\_\_  
*Full Name*

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*City*                      *State*                      *Zip*

\_\_\_\_\_  
*Phone*

\_\_\_\_\_  
*Email*

\_\_\_\_\_  
*Occupation*                      *Title*

\_\_\_\_\_  
*Company Name*

\_\_\_\_\_  
*College(s) and Degree(s)*

\_\_\_\_\_  
*WeChat ID*                      *Skype ID*

## III. CUSTODY INFORMATION

Check as applicable:

- |   |  |
|---|--|
| <input type="checkbox"/> Birth Parents Married  | <input type="checkbox"/> Birth Parents Separated |
| <input type="checkbox"/> Birth Parents Divorced | <input type="checkbox"/> Mother Remarried        |
| <input type="checkbox"/> Mother Deceased        | <input type="checkbox"/> Father Remarried        |
| <input type="checkbox"/> Father Deceased        | <input type="checkbox"/> Other: _____            |

Legal Custody (check as applicable):

- |   |
|---|
| <input type="checkbox"/> Joint Legal Custody with Mother and Father |
| <input type="checkbox"/> Sole Legal Custody by Mother               |
| <input type="checkbox"/> Sole Legal Custody by Father               |
| <input type="checkbox"/> Legal Guardian other than Parents          |

Responsibility for tuition and other charges will be:  Jointly with Mother and Father  
 Mother Only  Father Only  
 Other

Applicant resides with (please list all adults in household): \_\_\_\_\_

Mailings and grades should be sent to: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip Code

Email Address: \_\_\_\_\_

### IV. ACADEMIC HISTORY

#### Current School Information

\_\_\_\_\_  
*Present School* *Grade Enrolled*

\_\_\_\_\_  
*Address* *Phone*

\_\_\_\_\_  
*City* *State* *Zip*

Name of (one only):  Counselor  Principal \_\_\_\_\_  
*Name*

Name of English and Math Teachers:

\_\_\_\_\_  
*English Teacher* *Math Teacher*

Favorite Subject: \_\_\_\_\_ Least Favorite: \_\_\_\_\_

List all schools attended in last three years:

\_\_\_\_\_  
*School / Grades Attended* *City / State*

\_\_\_\_\_  
*School / Grades Attended* *City / State*

\_\_\_\_\_  
*School / Grades Attended* *City / State*

Has the applicant ever been on a Specialized Education Plan? YES NO

Does the applicant have an active Individualized Education Plan and/or 504 Plan? YES NO  
**\*If yes, please attach a current copy of the I.E.P and/or 504 Plan**

Are the applicant's unofficial Transcripts enclosed with Application? YES NO

Has the applicant ever had a formal educational evaluation? YES NO  
If yes, please list the date(s): \_\_\_\_\_

Has the applicant received any failing grades? YES NO  
If yes, please indicate subjects and school years in which grades were received.

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### V. CITIZENSHIP / DISCIPLINARY HISTORY

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

Has the applicant ever had any in-school our out-of-school suspensions? YES NO  
If yes, please list and provide an explanation. Additionally, you must request a copy of your son's school discipline record to be forwarded to the Academy.

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Has the applicant ever been dismissed or requested to withdraw from a school? YES NO  
If yes, please explain. Additionally, you must request a copy of your son's school discipline record to be forwarded to the Academy.

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Has the applicant ever been arrested, detained, or ticketed by the police, juvenile authority, or any department of health and social services? YES NO

If yes, please explain. Additionally, a police/juvenile court clearance or final disposition report from authorities will be required before admission can be determined.

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To the best of your knowledge, has the applicant ever used drugs or alcohol? YES NO  
If yes, please explain:

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**VI. MEDICAL INFORMATION**

Does the applicant have any physical limitations: YES                  NO  
If yes, please describe: \_\_\_\_\_

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Is the applicant taking any prescribed medications? YES                  NO  
If yes, list all medications, the dosage(s), and reason(s) for taking the medication: \_\_\_\_\_

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Has the applicant ever received counseling for emotional or behavioral difficulties? YES                  NO  
If yes, please provide the name and address of each doctor/counselor, reason(s) for therapy, and date(s) of therapy. \_\_\_\_\_

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**VII. GENERAL INFORMATION**

Please comment on the applicant's educational background and why you believe Grand River Academy would be an appropriate fit:

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The applicant and parents heard of Grand River Academy through (please give name):

- \_\_\_\_ Friend \_\_\_\_\_
- \_\_\_\_ Alumnus \_\_\_\_\_
- \_\_\_\_ Educational Consultant \_\_\_\_\_
- \_\_\_\_ Educational Publication \_\_\_\_\_
- \_\_\_\_ Website \_\_\_\_\_
- \_\_\_\_ Other \_\_\_\_\_

Will the applicant be a candidate for Financial Aid? YES                  NO





# Request for Release or Transfer of School Records

Grand River Academy  
3042 College Street  
Austinburg, Ohio 44010  
Tel (440) 275-2811 Fax (440) 275-1825  
Email: admissions@grandriver.org

**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, MFE, 504)

**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 Grand River Academy, 3042 College Street, Austinburg, OH 44010 as soon as possible.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_



# English Teacher Recommendation Form

Candidate's Name: \_\_\_\_\_

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 Academy with academic potential they have yet to realize. All students take college preparatory classes and college/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 form 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 Judgment	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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive information about Grand River Academy?  YES  NO

**Please Return to:**

Grand River Academy Admissions Office

3042 College Street

Austinburg, Ohio 44010

Fax: 440-275-1825 Email: admissions@grandriver.org

# Math Teacher Recommendation Form

Candidate's Name: \_\_\_\_\_

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 Academy with academic potential they have yet to realize. All students take college preparatory classes and college/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 form 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 Judgment	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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive information about Grand River Academy? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Please Return to:**

Grand River Academy Admissions Office

3042 College Street

Austinburg, Ohio 44010

Fax: 440-275-1825 Email: admissions@grandriver.org

# Principal / Head / Counselor Recommendation

Candidate's Name: \_\_\_\_\_

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 Academy with academic potential they have yet to realize. All students take college preparatory classes and college/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 form 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 Judgment	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.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_

Would you like to receive information about Grand River Academy? \_\_\_\_\_ YES \_\_\_\_\_ NO

**Please Return to:**

Grand River Academy Admissions Office  
3042 College Street  
Austinburg, Ohio 44010

Fax: 440-275-1825 Email: admissions@grandriver.org