

Grandparents (for development, days of appreciation, newsletters, etc...)

Father's Parents
 Names: _____
 Address: _____
 City, State, and Zip: _____
 Phone: _____
 May we add to mailing list? yes / no

Mother's Parents
 Names: _____
 Address: _____
 City, State, and Zip: _____
 Phone: _____
 May we add to mailing list? yes / no

Education: Guidance Counselor's name: _____

Last school student attended: _____
 Name

Street City State Zip Phone

Math teacher's name: _____ English Teacher's name: _____

International Student: yes no

First Language: _____ **English as Second Language Program:** yes no

TOEFL or SLEP Test Score: _____ **Country of Citizenship:** _____

Please list all other schools attended including elementary and middle school. List most recent school first.

Name of school	Grades	Years	City	State

Has your child ever been suspended, dismissed or denied readmission to any school? _ Yes _ No Reason _____
 (If yes, please provide a letter of explanation from the school.)

Has your child ever received special education services? _ Yes _ No

Was an I.E.P. (Individualized Education Plan) ever prepared for and utilized by your child? _ Yes _ No (If yes, you must provide a copy of the I.E.P.)

Has or does the child see a psychologist or psychiatrist? _ Yes _ No
 (Please attach a letter from the psychologist or psychiatrist explaining the diagnosis, course of treatment and recommendation.)

Has the child ever been arrested or counseled by juvenile authorities? _ Yes _ No (If yes, please attach a letter of explanation.)

If so, why? _____

Is your child academically gifted? _____ How was this determined? _____
 yes or no

If "yes", what do you expect from the school, in terms of sufficiently challenging your child? _____

Does your child play a musical instrument or play a sport? _____

Please specify instrument and/or sport, with position. _____

Additional Information

Has your child ever skipped a grade? _____ If so, which one? _____
yes or no

Has your child ever repeated a grade? _____ If so, which one? _____
yes or no

Does your child have health or physical problems that would limit physical activity at NYMA excluding him/her from athletic and military sports? _____
yes or no

If "yes", please name and describe the problem and what the school would need to do to ensure the safety and participation of your child.

Does the child take prescription medication? _____
yes or no

Medication: _____ Dosage: _____ Reason: _____

Medication: _____ Dosage: _____ Reason: _____

Medication: _____ Dosage: _____ Reason: _____

Has or does the child use alcohol or drugs? yes no (If yes, please provide an explanation.)

Does the child know that smoking in school violates New York State Law? yes no

Does your child smoke cigarettes? yes no How often? _____

What additional information should we know regarding your child and his/her placement at New York Military Academy?

Please explain why you wish to enroll your child at New York Military Academy. _____

Are you willing to participate in the following as part of the application process? yes no

- have school records sent to New York Military Academy
- participate in an admission interview, both you and your child
- placement testing for proper placement in academic courses

How did you initially learn about New York Military Academy or who referred NYMA? _____

ALL QUESTIONS ON THIS APPLICATION HAVE BEEN ANSWERED COMPLETELY AND HONESTLY.

SIGNATURE: _____

Siblings (Please list all other children under 18 years living with the family.)

<u>Name</u>	<u>Birthdate</u>			<u>School</u>
	month	day	year	

Requesting Financial Aid? Yes No (*Attach pages 1 & 2 of your federal income tax returns for the past three years.*)
Financial aid is disbursed once a year for students entering the academy in September. Since academy awards are limited, we will provide you with a list of lenders who provide funding for secondary education. We have no direct affiliation with these lenders and all fees incurred in order to obtain financing are the sole responsibility of the borrower.

School correspondence should be sent to: Mother & Father Mother only Father only Guardian

If parents are divorced or separated, please attach a copy of the custody agreement.

Financial: Payment is due two weeks prior to the cadet's arrival on campus.

Billing statements should be sent to:

(First) (Middle) (Last)
Mailing Address:

(Street) (City/Town) (Zip Code)

Method of Payment: _____

Made in full by certified check prior to the cadet's arrival on campus: By parent Lending institution

Contractual Agreement

If this application is accepted, I agree that admission is expressly conditioned on my accepting, supporting, and abiding by the rules and regulations now in force or subsequently adopted and promulgated by New York Military Academy (NYMA). I further agree to uphold the Academy's policies to conduct and to direct random Breathalyzer and/or urine analysis testing, searches, to maintain a tobacco free campus, and to pay for vandalism and dormitory damage.

I hereby make application for admission for my child and fully accept all responsibility for tuition and expenses as explained in the NYMA admissions brochure. In the event of withdrawal or dismissal from New York Military Academy, it is understood that all fees are non-refundable, and the remaining tuition, and all other outstanding financial obligations to NYMA must be paid immediately. I further understand that my failure to adhere to and support the Academy's policies may cause my child to be dismissed.

I understand that failure to fully complete this application will result in this application not being processed. I understand that failure to truthfully, fully, and to accurately complete this application, if my child is accepted, will be considered a breach of contract and may result in the dismissal of my child.

I have read and understand this document. I agree to be bound by the terms and conditions of this document and all other documents used in the NYMA applications and admissions process, including but not limited to, the NYMA catalogue, the notice of financial aid award (if any), the tuition refund policy, the drug and alcohol control policy and the search and seizure policy, all of which are specifically incorporated into this document by reference. I also understand that my agreeing will bind my son or daughter, as a precondition to admission, to all disciplinary and other rules, policies and regulations governing NYMA.

Parent/Guardian's Signature: _____

Student's Signature: _____

Date: _____

Accepted for NYMA by: _____



**New York Military Academy
English Teacher's Evaluation
CONFIDENTIAL SCHOOL REPORT**

Student's Full Name _____ Applying for Grade _____

1. How long have you known this student, and in what context? (Please list courses you have taught this student and the level of course difficulty – accelerated, regular, remedial, etc.) _____
2. By the end of this academic year, which course will the student have completed? _____
3. Texts used this year: _____
4. To what degree has the student mastered the material covered in the course so far? _____

ACADEMIC EVALUATION. Please check appropriate response(s).

- | | | | | | |
|------------------------|---|--|--|---|--------------------------------------|
| Academic Potential | <input type="checkbox"/> limited | <input type="checkbox"/> fair | <input type="checkbox"/> average | <input type="checkbox"/> good | <input type="checkbox"/> outstanding |
| Effort | <input type="checkbox"/> does little | <input type="checkbox"/> some effort | <input type="checkbox"/> motivated | <input type="checkbox"/> sets high goals | <input type="checkbox"/> outstanding |
| Study Habits | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> excellent | |
| Intellectual Curiosity | <input type="checkbox"/> limited | <input type="checkbox"/> some effort | <input type="checkbox"/> in one area only | <input type="checkbox"/> strong | <input type="checkbox"/> outstanding |
| Use of Time | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> usually uses well | <input type="checkbox"/> always effective | |
| Follows Directions | <input type="checkbox"/> needs much explanation | <input type="checkbox"/> occasionally needs help | <input type="checkbox"/> quickly and effectively | | |
| Attention Span | <input type="checkbox"/> easily distracted | <input type="checkbox"/> occasionally distracted | <input type="checkbox"/> usually good | <input type="checkbox"/> exceptionally good concentration | |

PERSONAL EVALUATION.

- | | | | | | |
|-------------------------|---|--|---|---|--------------------------------------|
| Integrity & Honesty | <input type="checkbox"/> cannot be trusted | <input type="checkbox"/> questionable | <input type="checkbox"/> trustworthy | <input type="checkbox"/> highly developed | <input type="checkbox"/> outstanding |
| Consideration of Others | <input type="checkbox"/> thoughtless | <input type="checkbox"/> seldom considerate | <input type="checkbox"/> usually considerate | <input type="checkbox"/> unusually supportive | <input type="checkbox"/> outstanding |
| Peer Relations | <input type="checkbox"/> serious problems | <input type="checkbox"/> loner | <input type="checkbox"/> friendly | <input type="checkbox"/> leader | |
| Classroom Conduct | <input type="checkbox"/> troublemaker | <input type="checkbox"/> occasionally disrupts | <input type="checkbox"/> usually good | <input type="checkbox"/> always good | |
| Emotional Stability | <input type="checkbox"/> insecure | <input type="checkbox"/> overly tense | <input type="checkbox"/> attention getter | <input type="checkbox"/> stable | |
| Self-Confidence | <input type="checkbox"/> needs much reassurance | <input type="checkbox"/> needs some support | <input type="checkbox"/> appears overly confident | <input type="checkbox"/> healthy self-image | |
| Fulfills Responsibility | <input type="checkbox"/> rarely | <input type="checkbox"/> sometimes | <input type="checkbox"/> usually | <input type="checkbox"/> always | |

5. Please discuss the student's overall performance in relation to his or her ability. _____
6. Describe the student's class participation and working relationship:
 - a. with adults _____
 - b. with other students _____
7. Please comment on the student's character and personality (e.g. peer relations, maturity, leadership, etc.), any strengths or weaknesses that should be noted, participation in athletics and extra-curricular activities. _____

I recommend this candidate:

Academics: With Enthusiasm Strongly Fairly No Recommendation

Character: With Enthusiasm Strongly Fairly No Recommendation

Teacher's

Name: _____ Date _____

School _____ School Phone _____

Please Return to:

Admissions Office
New York Military Academy
78 Academy Ave.
Cornwall-on-Hudson, NY 12520

Phone: 845.534.3710
Fax: 845.534.7699

New York Military Academy admits students without regard to race, sex, color, religion, or national or ethnic origin in the administration of the admission and educational policies, financial aid program, employment practices, and other school-administered programs.



New York Military Academy
Math Teacher's Evaluation
CONFIDENTIAL SCHOOL REPORT

Student's Full Name _____ Applying for Grade _____

1. How long have you known this student, and in what context? (Please list courses you have taught this student and the level of course difficulty – accelerated, regular, remedial, etc.) _____
2. By the end of this academic year, which course will the student have completed? _____
3. Texts used this year: _____
4. To what degree has the student mastered the material covered in the course so far? _____

ACADEMIC EVALUATION. Please check appropriate response(s).

- | | | | | | |
|------------------------|---|--|--|---|--------------------------------------|
| Academic Potential | <input type="checkbox"/> limited | <input type="checkbox"/> fair | <input type="checkbox"/> average | <input type="checkbox"/> good | <input type="checkbox"/> outstanding |
| Effort | <input type="checkbox"/> does little | <input type="checkbox"/> some effort | <input type="checkbox"/> motivated | <input type="checkbox"/> sets high goals | <input type="checkbox"/> outstanding |
| Study Habits | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> good | <input type="checkbox"/> excellent | |
| Intellectual Curiosity | <input type="checkbox"/> limited | <input type="checkbox"/> some effort | <input type="checkbox"/> in one area only | <input type="checkbox"/> strong | <input type="checkbox"/> outstanding |
| Use of Time | <input type="checkbox"/> poor | <input type="checkbox"/> fair | <input type="checkbox"/> usually uses well | <input type="checkbox"/> always effective | |
| Follows Directions | <input type="checkbox"/> needs much explanation | <input type="checkbox"/> occasionally needs help | <input type="checkbox"/> quickly and effectively | | |
| Attention Span | <input type="checkbox"/> easily distracted | <input type="checkbox"/> occasionally distracted | <input type="checkbox"/> usually good | <input type="checkbox"/> exceptionally good concentration | |

PERSONAL EVALUATION.

- | | | | | | |
|-------------------------|---|--|---|---|--------------------------------------|
| Integrity & Honesty | <input type="checkbox"/> cannot be trusted | <input type="checkbox"/> questionable | <input type="checkbox"/> trustworthy | <input type="checkbox"/> highly developed | <input type="checkbox"/> outstanding |
| Consideration of Others | <input type="checkbox"/> thoughtless | <input type="checkbox"/> seldom considerate | <input type="checkbox"/> usually considerate | <input type="checkbox"/> unusually supportive | <input type="checkbox"/> outstanding |
| Peer Relations | <input type="checkbox"/> serious problems | <input type="checkbox"/> loner | <input type="checkbox"/> friendly | <input type="checkbox"/> leader | |
| Classroom Conduct | <input type="checkbox"/> troublemaker | <input type="checkbox"/> occasionally disrupts | <input type="checkbox"/> usually good | <input type="checkbox"/> always good | |
| Emotional Stability | <input type="checkbox"/> insecure | <input type="checkbox"/> overly tense | <input type="checkbox"/> attention getter | <input type="checkbox"/> stable | |
| Self-Confidence | <input type="checkbox"/> needs much reassurance | <input type="checkbox"/> needs some support | <input type="checkbox"/> appears overly confident | <input type="checkbox"/> healthy self-image | |
| Fulfills Responsibility | <input type="checkbox"/> rarely | <input type="checkbox"/> sometimes | <input type="checkbox"/> usually | <input type="checkbox"/> always | |

5. Please discuss the student's overall performance in relation to his or her ability. _____
6. Describe the student's class participation and working relationship:
 - a. with adults _____
 - b. with other students _____
7. Please comment on the student's character and personality (e.g. peer relations, maturity, leadership, etc.), any strengths or weaknesses that should be noted, participation in athletics and extra-curricular activities. _____

I recommend this candidate:

Academics: With Enthusiasm Strongly Fairly No Recommendation

Character: With Enthusiasm Strongly Fairly No Recommendation

Teacher's

Name: _____ Date _____

School _____ School Phone _____

Please Return to:

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 New York Military Academy
 78 Academy Ave.
 Cornwall-on-Hudson, NY 12520

Phone: 845.534.3710
 Fax: 845.534.7699

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 78 Academy Ave., Cornwall-on-Hudson, NY 12520
 Phone: 845.534.3710 Fax: 845.534.7699

CONFIDENTIAL SCHOOL REPORT

Student's Full Name _____ Applying for Grade _____

To the Principal or Counselor:

The student is a candidate for admission to New York Military Academy. Please complete this form and return it to us with a transcript of courses and grades and all standardized test scores. This form is confidential and will not be available to the student or to his/her parents.

ACADEMIC EVALUATION. Please check appropriate response(s).

- Academic Potential limited fair average good outstanding
- Effort does little some effort motivated sets high goals outstanding
- Study Habits poor fair good excellent
- Intellectual Curiosity limited some effort in one area only strong outstanding
- Use of Time poor fair usually uses well always effective
- Follows Directions needs much explanation occasionally needs help quickly and effectively
- Attention Span easily distracted occasionally distracted usually good exceptionally good concentration

PERSONAL EVALUATION.

- Integrity & Honesty cannot be trusted questionable trustworthy highly developed outstanding
- Consideration of Others thoughtless seldom considerate usually considerate unusually supportive outstanding
- Peer Relations serious problems loner friendly leader
- Classroom Conduct troublemaker occasionally disrupts usually good always good
- Emotional Stability insecure overly tense attention getter stable
- Self-Confidence needs much reassurance needs some support appears overly confident healthy self-image
- Fulfills Responsibility rarely sometimes usually always

Is the student eligible to re-enter your school next term? yes no If no, please comment.

Has the student been involved in acts of dishonesty? yes no If yes, please comment.

Has the student participated in or stimulated disorderly, disruptive, or unmannerly conduct? yes no If yes, please comment.

Has the student exhibited unsatisfactory adjustment to other students? yes no If yes, please comment.

Does the student have health problems?
Physical: yes no **Emotional:** yes no If yes, please comment.

Has the student ever been suspended or expelled? yes no

The Director of Admissions will call you.

Telephone Number: (____)_____

I recommend this candidate:

Academics: With Enthusiasm Strongly Fairly No Recommendation

Character: With Enthusiasm Strongly Fairly No Recommendation

Signature:_____Date_____

Title_____School_____

School Address_____

School Phone ()_____School Fax ()_____

I, the undersigned, authorize the New York Military Academy to secure all school records including standardized test scores, grades, IQ scores and health records on the above named student. All records must be mailed by the school to New York Military Academy.

(Signature of Parent or Guardian)

Please Return to:

Director of Admissions

New York Military Academy

78 Academy Ave.

Cornwall-on-Hudson, NY 12520

Phone: 845.534.3710

Fax: 845.534.7699

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New York Military Academy



Set Apart for Excellence

New York Military Academy
78 Academy Avenue
Cornwall-on-Hudson, New York 12521

(845) 534-3710 phone
(845) 534-7699 fax
Email: admissions@nyma.org

AUTHORIZATION OF RELEASE OF EDUCATIONAL RECORDS

School: _____

Address: _____

City/State/Zip: _____

(Student's Name) (Date of Birth) (Current Grade)

TO THE PRINCIPAL OR GUIDANCE COUNSELOR:

The student named above has applied for admission to New York Military Academy. We would appreciate you promptly sending a **copy** of the items listed below. If the student enrolls at New York Military Academy, a transfer of records will be requested at a later date.

1. **Copy** of the student's complete standardized test profile.
2. **Copy** of all health records, including immunizations, vision and hearing tests.
3. **Copy** of all psychological reports.
4. **Copy** of Individual Education Plan, if any.
5. **Copy** of Special Education Placement forms, if any.
6. A transcript of the student's record to date, including grades for courses in progress, as well as, past three consecutive years.
7. A sealed recommendation from Math and English teachers, as well as Guidance Counselor to determine academic potential and compliance with the behavioral expectations of the school.

In accordance with federal regulations regarding the privacy rights of parents and students under *The Family Educational and Privacy Act of 1974*, the undersigned hereby consents to the release to New York Military Academy copies of all educational records for the above-named individual who is applying to New York Military Academy, including recommendations and other information as may be requested.

Date

Signature of Parent/Legal Guardian

Thank you for your cooperation.

Alisa Southwell
Director of Admissions