



STUDENT APPLICATION FORM

Applicant Information

Last Name _____ First Name _____ M.I. _____
Address _____ Telephone _____
City _____ State _____ Zip Code _____
County _____ Ethnic Group _____
Date of Birth _____ Place of Birth _____
Social Security Number _____ Parish _____
E-mail Address _____

Academic Information

Grade you are applying for in 2009-10 _____
What school do you attend? _____ Grade Level _____
Public school district in which you live _____
List any medical/health conditions: _____
Medications required: _____
List any learning disabilities: _____
Does the applicant have an IEP? Yes No If yes, submit a copy
Does the applicant have a 504 Plan? Yes No If yes, submit a copy
Has the applicant skipped a grade? Yes No
Has the applicant repeated a grade? Yes No
Has the applicant been suspended from school? Yes No
Use this space to explain any of the above answers: _____

Parent Information

Father's Name _____ Phone _____
Father's Address (if other than above) _____
Father's Employer _____ Phone _____
Employer's Address _____
Mother's Name _____ Phone _____
Mother's Address (if other than above) _____
Mother's Employer _____ Phone _____
Employer's Address _____
Check if appropriate: Father Deceased Mother Deceased
 Parents Divorced Parents Separated
Student lives with: Both Parents Father Mother Other
If other, state name & relationship _____

Other Information

Did any member of your family attend CBA? Yes No

If so, list names _____

Emergency Contact Person (If parents cannot be reached in the event of an emergency)

Name _____ Phone Number _____

Relationship of emergency contact to applicant _____

How did you first learn about CBA? _____

Why do you want to attend CBA? _____

I certify that the information contained within this form and supporting documentation is true and correct. I understand my failure to provide complete, accurate and truthful information on this application will be grounds to deny or withdraw my admission or dismiss me after enrollment.

Signature of Parent _____

Date _____

Signature of Applicant _____

To effectively process your application, the following items must accompany this application form:

- Current school year report card
- Previous school year final report card
- Most recent standardized test scores
- 2 CBA letter of recommendation forms (available here)
- Transcript Release Form (available here)
- Financial Aid Form (in necessary)

Application materials should be mailed to:

CBA Admissions Office, 12 Airline Drive, Albany, NY 12205

If you have any questions about this application or the admissions process please contact Marty McGraw at (518)452-9809 ext 110 or mcgrawm@cbaalbany.org

Additional materials and information is available on our website, www.cbaalbany.org