



New England Classical Academy

59 Old Church Road CLAREMONT, NH 03743
WWW.NEWENGLANDCLASSICALACADEMY.COM
(603) 543 - 3400

New England Classical Academy STUDENT APPLICATION

This application consists of four parts:

- **Part I:** Student and Family Information Sheet (4 pages)
- **Part II:** Student Essay or Work Samples (1 page)
- **Part III:** Transcript Request Form (1 page)
- **Part IV:** Recommendation Form (2 pages)
- Financial Aid request form (1 page) - *optional*

**A non-refundable application fee of \$50 per student.*

The admissions process is as follows:

1. Complete **Parts I and II** of the application and return it to the Academy with the \$50 fee per student.

(Note: Applicants for kindergarten need only submit **Part I** along with the application fee. If you wish to expedite the process, the financial aid request can be submitted with the application. Otherwise, the request must be received within 2 weeks of acceptance to the Academy).

2. Send **Parts III and IV** to your child's current school.

3. Schedule a family interview at the Academy.

4. Applicants entering grades 7-12 must take an entrance examination. Testing will take place at the Academy in Claremont. **Parts I and II** of the written application must have been received, along with the application fee, before a student will be permitted to sit for the exam.

5. Upon acceptance a signed tuition contract and a non-refundable deposit to hold the student's place in his or her class will be due. If not submitted with initial application, the financial aid request is due within 2 weeks of the date on the acceptance letter. The first tuition payment, less the deposit amount, will be due in August in accordance with the tuition contract.

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PART I, NECA Application

Please complete one copy of this form for each child applying to New England Classical Academy. Please type or print clearly.

STUDENT INFORMATION

ACADEMIC YEAR: _____

NAME _____

LAST FIRST MIDDLE

DATE OF BIRTH _____ ENTERING GRADE _____

HOME ADDRESS _____

CITY, STATE, ZIP: _____

HOME PHONE (_____) _____

RELIGIOUS AFFILIATION:

CATHOLIC – PARISH: _____

PROTESTANT – DENOMINATION/CHURCH: _____

ORTHODOX – JURISDICTION/PARISH: _____

OTHER: _____ NONE

IF CATHOLIC, WHICH SACRAMENTS HAS YOUR CHILD RECEIVED?

BAPTISM FIRST COMMUNION CONFIRMATION

FAMILY INFORMATION

FATHER/GUARDIAN NAME _____ OCCUPATION _____

MOTHER/GUARDIAN NAME _____ OCCUPATION _____

PARENT OR GUARDIAN CONTACT INFORMATION (IF DIFFERENT FROM APPLICANT'S)

PARENT/GUARDIAN EMAIL FOR SCHOOL CORRESPONDENCE _____

APPLICANT LIVES WITH: MOTHER AND FATHER MOTHER ONLY FATHER ONLY

MOTHER AND STEPFATHER FATHER AND STEPMOTHER

LEGAL GUARDIAN(S) OTHER: _____

NAMES AND AGES OF SIBLINGS WHO LIVE WITH THE APPLICANT:

PART I, NECA Application

(Part I, Continued)

WHO IS RESPONSIBLE FOR TRANSPORTING THE APPLICANT TO AND FROM SCHOOL? _____

WILL THE APPLICANT USE OUR BEFORE-AND AFTERCARE PROGRAM? YES NO

PLEASE LIST ALL PERSONS WHO HAVE PERMISSION TO PICK THE APPLICANT UP FROM SCHOOL.

EMERGENCY CONTACTS

NAMES AND PHONE NUMBER(S) _____

ACADEMIC BACKGROUND AND INTERESTS

NAME AND ADDRESS OF PREVIOUS SCHOOL OR HOME SCHOOL PROGRAM

TO YOUR KNOWLEDGE, IS THE APPLICANT READING AT OR ABOVE GRADE LEVEL? YES NO

HAS THE APPLICANT EVER FAILED OR REPEATED A GRADE? YES NO

IF YES, EXPLAIN: _____

HOW WOULD YOU DESCRIBE THE STUDENT'S EDUCATIONAL EXPERIENCE THUS FAR?

PART I, NECA Application

PLEASE RATE HOW MANY HOURS THE APPLICANT SPENDS PER WEEK AT EACH ACTIVITY LISTED BELOW.

0-1 HOURS 1-3 HOURS 3-5 HOURS 5+ HOURS

CLUBS: _____

HOBBIES: _____

HOMEWORK ASSIGNMENTS : _____

HOUSEHOLD CHORES: _____

INDIVIDUAL SPORTS/FITNESS: _____

MUSIC LESSONS, PRACTICE, PERFORMANCE: _____

OTHER PERFORMING ARTS: _____

OUTDOOR ACTIVITIES: _____

PAID EMPLOYMENT: _____

PLAYING VIDEO OR COMPUTER GAMES: _____

READING FOR PLEASURE (NOT SCHOOL ASSIGNMENTS): _____

SCOUTING: _____

TEAM SPORTS: _____

USING A COMPUTER (OTHER THAN FOR SCHOOL WORK): _____

VOLUNTEERING: _____

WATCHING TELEVISION OR VIDEOS: _____

HEALTH INFORMATION

DOES THE APPLICANT HAVE ANY HEALTH CONDITIONS THAT MIGHT AFFECT OR LIMIT NORMAL ACTIVITY IN THE CLASSROOM OR IN PHYSICAL EDUCATION CLASS? YES NO

If yes, please attach details, including a list of regular medications and any necessary classroom accommodations.

DOES THE APPLICANT HAVE A SERIOUS OR LIFE-THREATENING ALLERGY? YES NO

If yes, please attach details.

DOES THE APPLICANT HAVE ANY DIETARY RESTRICTIONS? YES NO

If yes, please attach details.

HAS THE APPLICANT EVER BEEN DIAGNOSED WITH A MENTAL ILLNESS (DEPRESSION, ANXIETY, EATING DISORDER, ETC.)? YES NO

If yes, please attach details of treatment, including any medications.

HAS THE APPLICANT EVER BEEN TESTED FOR AND/OR DIAGNOSED WITH A LEARNING DISABILITY (DYSLEXIA, ATTENTION DEFICIT, ETC.)? YES NO

If yes, please attach details of testing, diagnosis, treatment, and any resulting educational plan.

PART I, NECA Application

New England Classical Academy is a non-profit 501(c)(3), private, independent school governed by a Board, incorporated under the laws of New Hampshire.

New England Classical Academy provides a traditional classical education. The Academy seeks to form and educate young people according to the ancient and traditional understanding of education as the pursuit of wisdom. Through intellectual, spiritual, moral and physical formation the Academy emphasizes the education and formation of the whole person. The Academy seeks for her students that they might leave the Academy with courage and hope, carrying with them the seeds of wisdom – knowledge, eloquence, and virtue – ready to live meaningful lives of integrity, always aware of the sublime end for which they were created.

New England Classical Academy welcomes students of all faiths provided that they and their parents desire the education and formation offered by the Academy and join us in respect for the Catholic Faith.

Parents who desire to enroll their child as a student of New England Classical Academy must accept and agree to conduct themselves in a manner respectful of the principles and requirements set forth in this policy.



I understand that my signature below indicates that I agree to accept and embrace the conditions set forth in this Statement of Policy, in the Philosophy of the New England Classical Academy, and in its rules of conduct, and that the information I have provided in this application is correct and complete.

I/we enclose an application fee of \$50 per student. I understand that this fee is non-refundable and that my child's application will not be considered until the fee has been paid.

FATHER'S/GUARDIAN'S SIGNATURE

DATE

MOTHER'S/GUARDIAN'S SIGNATURE

DATE

The Academy admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.

PART II, NECA Application

Students entering grades 1-6 only: Please attach recent dated samples of school work in Language Arts and Mathematics.

Students entering grades 7-12 only: In the space below, describe a book that you have recently read for pleasure. What did you enjoy about the book, and how did it change your perspective on the topic? Please use your best cursive handwriting, and sign and date your essay at the bottom.

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PART III, NECA Application

Parents: Please complete this form and send it to your child's school as soon as possible.

PLEASE TYPE OR PRINT CLEARLY.

Student's Name _____ **Date of Birth** _____

Home Address _____

Home Phone (_____) _____

I, _____, give _____
name of Parent/Guardian name of Current School

permission to release the above-named student's current academic transcripts, as well as academic records for the last two years, any standardized test scores, IEPs, medical and immunization records, and any current disciplinary reports for the purposes of review for admission to New England Classical Academy.

Name of Current School _____

Address _____

Name of Contact Person _____

By my signature below, I hereby authorize the release of the student's transcript, test scores, and medical and immunization records.

Parent/Guardian Signature: _____ Date: _____

Dear School Representative:

Please forward the requested records to

New England Classical Academy
Attn: Headmaster
59 Old Church Road
Claremont, NH 03743

Questions? Write to neca_office@yahoo.com or call (603) 543 - 3400. Thank you!

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PART IV, NECA Application

Dear Principal/Headmaster/Teacher:

Thank you for helping your student to apply to New England Classical Academy. Your prompt attention is requested since your recommendation is very important to us. New England Classical Academy was founded to provide a traditional classical education. We appreciate receiving your candid, confidential assessment of this student's academic preparedness and character. Please complete both pages of this form. Thank you in advance for your assistance.

STUDENT'S NAME: _____

On a scale from 1-10, with one being poor and ten being outstanding, please rate the applicant in comparison to other students of the same age for the following characteristics:

1 _____ 5 _____ 10 Academic Excellence

1 _____ 5 _____ 10 Academic Potential

1 _____ 5 _____ 10 Concern for Others

1 _____ 5 _____ 10 Cooperation with Faculty

1 _____ 5 _____ 10 Dependability

1 _____ 5 _____ 10 Honesty

1 _____ 5 _____ 10 Interaction with Peers

1 _____ 5 _____ 10 Oral Skill

1 _____ 5 _____ 10 Organizational Skill

1 _____ 5 _____ 10 Reaction to Criticism

1 _____ 5 _____ 10 Reading Skill

1 _____ 5 _____ 10 Self-Discipline

1 _____ 5 _____ 10 Study Habits

1 _____ 5 _____ 10 Writing Skill

If you were asked to rank this student's overall performance at your school, compared to his or her age peers, on a scale from 1 to 10, what rank would you assign? _____

PART IV, NECA Application

1. Has any disciplinary action been taken concerning this student? YES No
2. To your knowledge, has this student been involved with drugs or alcohol? YES No
3. To your knowledge, does this student have any emotional or mental illness? YES No
4. Does this student have, or show signs of, a learning disability? YES No
5. Is this student reading at or above grade level? YES No

Please use the following space to comment on the applicant's strengths and any particular needs or to clarify any other information you provided above. Please attach an additional sheet if necessary.

Check One: Recommend without reservation Recommend Do not recommend

Principal/Headmaster's Name (Print) *or* Teacher's Name (Print)

Signature

Date

School Name

School Address:

(_____) _____

Phone

Please return this form as soon as possible to:

New England Classical Academy
Attn: Headmaster
59 Old Church Road
Claremont, NH 03743

Questions? Write to neca_office@yahoo.com or call (603) 543 - 3400 . Thank you!

New England Classical Academy
2019 – 2020 Financial Aid Request Form

*** To be submitted within 2 weeks of acceptance.***

Family Name(s): _____ Primary Phone #: _____

Mailing Address: _____

I, the undersigned, request financial aid for my child(ren) listed below to attend New England Classical Academy for the 2019 – 2020 school year:

Child(ren) – please list names and grades (2019 – 2020 school year):

I, the undersigned, understand that this request requires the submission of a copy of my most recent tax return and that I am asked to write a letter to explain my need further and that failure to provide the necessary documentation will result in my request being declined. Additionally, I understand that the financial aid committee is anonymous and financial aid packages are final.

Signature: _____ Date: _____

Name (Print): _____

Please return this form along with a sealed envelope containing your most recent tax return (2018) and a letter explaining your need with your application.

***This request form does NOT go in the sealed envelope.
The sealed envelope should say “Financial Aid Request” and your family name on it.***

Below space for Office use ONLY