Application Procedures

The Visit

Before deciding to apply to The Academy, a prospective student spends a day visiting the school and attending classes. The visit will include a candidate interview with a member of the admissions committee, and a parent conversation with admissions staff. A current student serves as a host for the visitor. Parents are also welcome to visit classes and to talk with teachers, the Director of Admissions, and the Head of School. Arrangements for the visit can be made by calling (413) 339-4912.

Complete a Campus Visit Day

Submit Application Form and Fee by February 1st

Attach a current photo to the Application Form

Complete the Student Essay

Complete the Parent Essay

Request a transcript and all testing/evaluation records from current school

Submit the English Teacher Recommendation form for completion, to be sent directly to The Academy

Submit the Math Teacher Recommendation form for completion, to be sent directly to The Academy

For Home Schooled Students: submit course records or other documentation to support requested grade placement

Admissions Calendar for Entrance in the Fall

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Fall or Winter Open House</td>
<td>Attendance not required but recommended</td>
</tr>
<tr>
<td>February 1</td>
<td>Admissions Application Deadline</td>
</tr>
<tr>
<td>February 15</td>
<td>Financial Aid Application Deadline</td>
</tr>
<tr>
<td>March 10</td>
<td>Admissions Decisions</td>
</tr>
<tr>
<td>April 10</td>
<td>Enrollment commitment deadline with a non-refundable deposit of $750</td>
</tr>
<tr>
<td>After April 10</td>
<td>Late admissions as space is available</td>
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Application for Admission

Applicant

Name: ____________________________________________ ____________________________________________
LAST NAME FIRST NAME MIDDLE NAME NICKNAME

☐ Male ☐ Female ☐ Self-identify __________________________________ Date of proposed entrance: __________ For grade: ______

Mailing Address:

STREET

CITY ____________________________________________ STATE __________ ZIP CODE __________________________ TELEPHONE ( )

Date of birth: __________/________/________ E-mail address: ______________________________________________

COUNTRY OF BIRTH

Town in which you reside: __________________________ Present school: __________________________ Present grade: ______

Address of school: ____________________________________________ TELEPHONE ( )

Name of Principal or Head: ______________________________________________

Siblings: (names and ages) ______________________________________________

Has anyone else in your family ever attended The Academy? ________ Who? __________________________

Family Information

With whom does the applicant live? ______________________________________________

Marital status of parent(s) (please check one) ☐ Married ☐ Divorced ☐ Separated ☐ Single

Parent 1: ______________________________________________

Home Address: ______________________________________________

(if different from applicant)

Telephone: __________________________ Email Address: __________________________

Employer: __________________________ Occupation/Position: __________________________

Address: __________________________ Business telephone: ( )

College attended: __________________________ Secondary School attended: __________________________

Parent 2: ______________________________________________

Home Address: ______________________________________________

(if different from applicant)

Telephone: __________________________ Email Address: __________________________

Employer: __________________________ Occupation/Position: __________________________

Address: __________________________ Business telephone: ( )

College attended: __________________________ Secondary School attended: __________________________
Parent 3:

Home Address: ____________________________________________________________
(if different from applicant)

Telephone: _________________________ Email Address: _________________________

Employer: ___________________________ Occupation/Position: ___________________

Address: ___________________________ Business telephone: (____)

College attended: __________________ Secondary School attended: ________________

Parent 4:

Home Address: ____________________________________________________________
(if different from applicant)

Telephone: _________________________ Email Address: _________________________

Employer: ___________________________ Occupation/Position: ___________________

Address: ___________________________ Business telephone: (____)

College attended: __________________ Secondary School attended: ________________

Guardian: (if different) ______________________________________________________

Address: _________________________________________________________________

____________________________________ Telephone: (____)

Signatures

The undersigned agree that the information furnished on the Application for Admission, together with all information and materials of any kind received by the admissions office from any source, shall be completely confidential and shall not by disclosed to anyone, including the candidate and the candidate’s family, except as the Director of Admissions may elect to disclose for official purposes only.

Student: ____________________________ Date: _________________________________

Parent 1: ____________________________ Date: _________________________________

Parent 2: ____________________________ Date: _________________________________

Parent 3: ____________________________ Date: _________________________________

Parent 4: ____________________________ Date: _________________________________

Enclose a non-refundable application fee of $50 with this application.

Please make check payable to The Academy at Charlemont.

The Academy at Charlemont does not discriminate on the basis of race, color, creed, handicap, national origin, sex, gender identity, or sexual orientation in the administration of its educational, admissions, and financial aid policies, or in any other programs and policies administered by The Academy.
Description of Prospective Student by Parent(s)

Describe your child as objectively as possible. Please comment on strengths and weaknesses both at home and at school. What special abilities and/or challenges does your child have? What do you hope The Academy will be able to do for your child?