

SALESIAN HIGH SCHOOL

Math Leaders Program Application for Admission

Part I: To be completed by applicant

Name of Applicant: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Telephone: (____) _____ Parent Cell Phone Number: (____) _____

Parent e-mail: _____ Student e-mail: _____

Date of Birth: _____ Present school: _____

School Address: _____

City: _____ State: _____ Zip Code: _____

Name of Principal: _____ Name of School Counselor: _____

Name of teacher who knows you best & subject they teach: _____

Does your current school offer NYS Regents Exams? _____

Name of your current math teacher: _____

Name of current math course: _____

Will you be taking a Regents Exam in this course: _____

Describe your academic performance in math: _____

Name of current science course: _____

Will you be taking a Regents Exam in this course: _____

Describe your academic performance in science: _____

Describe your overall school performance in a few sentences: _____

Part II: To be completed by parent(s)

Describe your son's academic motivation & performance: _____

Describe why you feel your son should be admitted to this special program: _____

What are the first words that come to mind to describe your son?: _____

Please provide areas of strength for your son?: _____

Please provide areas your son finds challenging?: _____

How would your son's teachers describe him: _____

Would you be willing to allow your son to take supplementary courses during the summer and/or weekends?: _____

Would you be willing to accompany your son on visits to some of the country's most academically competitive colleges and universities?: _____

Indicate any questions or concerns you may have about the program: _____

Parent Contact Information

Father

Mother

Name: _____

Address: (if different than applicant's)

Home Phone Number: (____) _____

(____) _____

Cell Phone Number: (____) _____

(____) _____

