



Turning Dreams into Reality

— GRACE —
PERFORMING ARTS ACADEMY

P.O. Box 1009
Boston, MA 02117-1009

Application for Admission

Academic Program

Please include the following with your completed application (pages 3-14):

- A recent photo of the applicant
- Non-Refundable \$100 application fee (payable to Grace Performing Arts Academy)

Please have the following sent directly to Performing Arts Academy:

- Official school records
- 3 Letters of Recommendation (2 teachers/1 guidance counselor)

Grace Performing Arts Academy
Academic Program Application

Academic Program - \$10,000*/school year

Our academic program offers an individualized, flexible, and competitive education designed to meet each student's personal goals. Our services include:

- full-time study
- approximately 12.5 hours of instruction/week
- approximately 7.5 hours of "directed study" available/week (time when a tutor is available to assist students in small groups on an as needed basis)
- exam proctoring
- guidance developing an appropriate course of study
- assistance and counseling for post graduation plans
- quarterly progress reports to parents

*This is a full academic program utilizing a nationally accredited on-line curriculum. Customized programs are also available for students needing less than full-time.

**Books and materials extra

Payment schedule

Time of registration	\$3,334
August 1 st	\$3,333
December 1 st	\$3,333

There are no tuition refunds. In the event that a student withdraws, payments are discontinued as of that date.

Grace Performing Arts Academy
Academic Program Application

Application date: ____/____/____
Month / Day / Year

Current Grade: _____

Anticipated enrollment date: Fall/ Spring _____
(Year)

Are you seeking:

Full Academic Program Part-time Program

Other (please specify) _____

Where are you currently training? (please indicate level and hours per week of training)

Boston Ballet _____

National Figure Skating Academy _____

Other (please specify) _____

How did you hear about Grace Performing Arts Academy?

Student Information:

Full Name: _____
(Last) (First) (Middle)

Nickname: _____

Home Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: (____) _____ E-mail: _____

Cell Phone: (____) _____ Screen Name: _____

Age: _____ Male Female Date of Birth: ____/____/____
Month / Day / Year

Place of birth: _____ Country of Citizenship: _____

Previous schools attended: (name, address, phone, dates of attendance, grades completed)

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Parent/Guardian 1:

Full Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: (____) _____ E-mail: _____

Cell Phone: (____) _____ Fax: (____) _____

Occupation/Title: _____ Employer: _____

Business Address: _____

Work Phone: (____) _____

Relationship: Mother Father Step-parent Grandparent

Other (please specify) _____

Parent/Guardian 2:

Full Name: _____
(Last) (First) (Middle)

Home Address: _____
(Street) (City) (State) (Zip Code)

Home Phone: (____) _____ E-mail: _____

Cell Phone: (____) _____ Fax: (____) _____

Occupation/Title: _____ Employer: _____

Business Address: _____

Work Phone: (____) _____

Relationship: Mother Father Step-parent Grandparent

Other (please specify) _____

Family:

Applicant lives with: _____

If the applicant does not live with both parents, please check the appropriate statements:

Parents are: Separated Divorced

Mother is: Deceased Remarried

Father is: Deceased Remarried

Step-father's Name: _____

Step-mother's Name: _____

To whom should correspondence be sent? _____

Grace Performing Arts Academy
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Who is responsible for financial obligations? _____

Names/dates of birth of siblings living in household: _____

Emergency Contact:

Please indicate who should be contacted in an emergency if the parents can't be reached.

Name: _____

Phone number: (_____) _____ (_____) _____ (_____) _____
(Home) (Cell) (Work)

Relationship to student: _____

Name: _____

Phone number: (_____) _____ (_____) _____ (_____) _____
(Home) (Cell) (Work)

Relationship to student: _____

Grace Performing Arts Academy
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Parent Questionnaire:

Please comment on your child's school experiences.

What do you consider your child's greatest strengths (academic and personal)?

What areas of need does your child have (academic and personal)?

Does your child have any special learning needs? (please explain and include copies of any educational, intellectual, or psychological testing)

Does your child have any medical/physical/psychological/behavioral issues? (please explain)

Does your child take any regular medications? If yes, please specify.

What concerns, if any, do you have for your child as s/he enters this program?

What are your goals for this program?

Please feel free to provide any additional information that will allow us to better know your child.

Parent Signature: _____ Date: _____

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Student Questionnaire:

What is your favorite subject in school? Why?

What is your most challenging subject in school? Why?

Describe yourself as a learner.

Describe your hobbies, interests, and extracurricular activities.

What are your goals for this program?

Describe your future goals.

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Teacher Recommendation
(English or Humanities Teacher)

Applicant's Name: _____ Date: _____

Teacher Name: _____ Title: _____

1. How long have you known the student and in what context?
2. Please describe the applicant's reading and writing ability.
3. Please describe the applicant's strengths.
4. Please describe the applicant's weakness.
5. Please describe the applicant's learning style.
6. Please describe the applicant's overall classroom performance.
7. Please describe the applicant's organizational skills.

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Academic Program Application

8. In relation to other students, how much of your personal time and attention does the applicant require in order to succeed?

- significantly more more average less significantly less

9. Please check the box that best applies for each category:

	Exceptional	Above Average	Average	Below Average	No Opportunity to Observe
Ability to work independently					
Motivation					
Ability to meet deadlines					
Relationship with peers					
General maturity and conduct					
Self-confidence					
Achievement in relation to potential					

Please provide any addition information that you feel will be helpful.

Signature: _____ Print Name: _____
 Position: _____ School: _____
 Address: _____
 Date: _____ Phone: _____

Please return completed form to:
 Grace Performing Arts Academy, P.O. Box 1009, Boston, MA 02117-1009.
 Your comments are confidential. Thank you for your assistance.

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Request for Academic Transcript

Parents: Please complete and submit directly to applicant's current school.

I request that the record of _____
be forwarded directly to:

Grace Performing Arts Academy
P.O. Box 1009
Boston, MA 02117-1009
Attn: Admissions

for the purpose of admission review and academic placement.

Please include the following information:

1. Academic transcript, including courses taken and grades received
2. Results of standard achievement and/or aptitude tests
3. If applicable, copies of special education evaluations or psychological reports
4. Copy of health records

I also authorize teachers, counselors, and administrators to release information about my child to Grace Performing Arts Academy personnel.

Signature: _____ Print Name: _____

Relationship to applicant: _____ Date: _____