



MIDDLE & HIGH SCHOOL APPLICATION

PLEASE NOTE:

This application is for students who would like to be considered for admission to Primoris Academy at the middle or high school level. For more information regarding enrollment and the application process, please visit our website.

Applications are currently being accepted on a rolling basis for the new academic year as space permits. The earlier the application is submitted, the higher the priority it will be given in the review process.

SUBMISSION INSTRUCTIONS

BY EMAIL (recommended method)

1. Complete the following forms
2. Send as attachment to admissions@primorisacademy.org

BY MAIL

1. Complete the following forms
2. Mail to: Admissions Office
Primoris Academy
120 Washington Ave
Westwood, NJ 07675-2025

If you have a change of telephone number, email address, or mailing address after submitting your application, please contact the office at admissions@primorisacademy.org.

All application materials to Primoris Academy will be treated as strictly confidential documents. No part of this application will be distributed. Please keep a copy of your application and all supporting materials for your records.

Applicant Name: _____

Current Grade: _____

Date: _____

CONTACT INFORMATION

Applicant

Name _____ Date of Birth (MM/DD/YYYY) _____ Sex _____

Street Address _____

City, State _____ Zip Code _____ Country _____

Home Phone Number _____ Alternate Number _____

Parent/Guardian 1 Name (First, Last) _____ Parent/Guardian 2 (First, Last) _____

Parent/Guardian 1

Name _____ Relation to Student _____

Street Address (If different from above) _____

City, State _____ Zip Code _____ Country _____

Cell Phone Number _____ Email Address _____

Occupation _____ Place of Employment _____

Colleges Attended _____

Parent/Guardian 2

Name _____ Relation to Student _____

Street Address (If different from above) _____

City, State _____ Zip Code _____ Country _____

Cell Phone Number _____ Email Address _____

Occupation _____ Place of Employment _____

Colleges Attended _____

Applicant Name: _____

Siblings

Sibling 1

Name *Date of Birth (MM/DD/YYYY)*

School Attending

Sibling 2

Name *Date of Birth (MM/DD/YYYY)*

School Attending

Sibling 3

Name *Date of Birth (MM/DD/YYYY)*

School Attending

Applicant Name: _____

ACADEMIC BACKGROUND
(For transfer students only)

Applicant's Current School

Name of School

Current Grade Level

Years Attended

School Address

Awards and Competition Experiences (Circle and fill in the score or rank.)

AMC 8 _____ (score)

AMC 10 _____ (score)

AMC 12 _____ (score)

AIME _____ (score)

Mathcounts _____ (rank)

Mathleague _____ (rank)

Destination Imagination _____ (rank)

Odyssey of the Mind _____ (rank)

Other: _____

Academic Testing (Write "N/A" if never taken.)

ACT _____ (total score)

ACT Reading _____ (sub score)

ACT Math _____ (sub score)

SAT _____ (total score)

SAT English _____ (sub score)

SAT Math _____ (sub score)

SSAT _____

ISEE _____

Applicant Name: _____

To be answered by applicant's parent/guardian (Please feel free to attach a separate sheet if you need more space):

How did you hear about, and why are you interested in applying to Primoris Academy?

If the applicant has skipped any years of school or been out of school for a semester or more, or if there is anything else about his/her education that we should know, please describe below:

How would you describe your child's personality?

What type of school is your child currently enrolled in (public, private, homeschool, etc.)? How did you make this decision?

How much time does your child currently spend on academic subject study outside of the classroom?

How does your child respond to challenges?

How do you view your role as a parent/guardian in contributing to your child's education?

Applicant Name: _____

