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| **Application Due Date: January 10th, 2021 (for notification on March 10th, 2021)** |
| **Application for Early Decision: November 15th, 2020 (for notification on January 15th, 2021)** |

## Our Application Packet Includes:

* Application for Admission
* Additional Items to Include with the Application (or mail separately)

## Application for Admission

*We encourage submission of applications electronically, whenever possible, by using format and questions below as a template and completing questions within a Word document. Please submit applications for consideration to our Admissions Committee. admissions@aceraschool.org*

*Or via mail to: Acera: The Massachusetts School of Science, Creativity and Leadership*

*5 Lowell Ave Winchester, MA 01890*

*Please indicate whether application is for:*

*Rolling Admission 2020-21  2021-22 school year early decision*  *2021-22 school year regular decision*

**Application Submission Checklist**

** Info Session Attendance (Parents Only) Date Attended: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Application Form for Admission (Including recent photo of applicant)**

**IQ Test or Neuropsychological Report**

**2 Teacher Recommendations (using the Acera Recommendation Form):**

Names of those providing recommendations:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Report Cards (Current and past year)**

**$50 Application Fee**

**Optional Supplements**

*Student Information*

|  |  |
| --- | --- |
| ***Full Name*** |  |
| ***Gender Identity OPTIONAL*** |  |
| ***Ethnic Identity (select all that apply) OPTIONAL*** | *\_\_Asian \_\_Black/African \_\_Caucasian \_\_Hispanic/Latinx \_\_Native American \_\_Pacific Islander \_\_Mixed Race \_\_Other* |
| ***Date of Birth, Grade*** |  |
| ***Present School*** |  |
| ***Previous Schools*** |  |
| ***Names/ages of siblings*** |  |
| ***Schools siblings currently attend*** |  |
| ***Is a non-English language spoken?*** |  |

## *Do you anticipate that your child would participate in after school programming at Acera? \_\_\_Yes \_\_\_No \_\_\_Maybe*

*Parent Information*

|  |  |
| --- | --- |
| ***Guardian 1*** |  |
| ***Email*** |  |
| ***Phone(s)*** |  |
| ***Address*** |  |
| ***Occupation and/or prof. background*** |  |
| ***Employer*** |  |
| ***Guardian 2*** |  |
| ***Email*** |  |
| ***Phone(s)*** |  |
| ***Address*** |  |
| ***Occupation and/or prof. background*** |  |
| ***Employer*** |  |

## Please submit a recent photo of your child with the application

**Parent Questions**

Please attach extra pages as needed

1. What are the first three words that come to mind to describe your child?

2. How would you describe your child’s particular strengths and special aptitudes?

3. How would you describe your child’s struggles and weaknesses?

4. Describe how you see Acera meeting the needs of your child and how they are not being met in his/her current schooling situation.

5. What are your long-term educational goals for your child?

6. In what ways do you see yourself contributing to your child’s school experiences? How can you contribute to/participate in the parent collaborative school community?

7. Please expand upon any specialized supports your child needs at school. Please be specific about the social, emotional, motor, sensory etc. needs that your child may have.

8. Statement of Special Concerns, Issues, or Twice Exceptionality

We require full disclosure about any issues, concerns, or special needs your child may have or may have had in the past. Full knowledge of our students’ profiles enables us to assure that we can meet their needs and helps us craft each classroom community. If your child is a gifted student with a disability (e.g. dyslexia, anxiety, ADHD), please let us know how you think about their disability and what accommodations will be important to support their success. In cases of twice exceptionality or suspected twice exceptionality, we ask for inclusion of a neuropsychological assessment. *If an issue or need for your child emerges within the first months of school and this issue or need was* *unknown at the time of admission, we may not be able to serve the student. Even when prior issues seem to have resolved, we ask for full disclosure so that we can be appropriately ready for each student. If you are uncertain about this, please pursue a full neuropsychological evaluation.*

*The Acera School, Inc. operates in a non-discriminatory fashion and admits students of any race, color, religion, sexual orientation, and national or ethnic origin to all the rights, privileges, programs, and activities generally accorded or made available to students at the school. Additionally, the school does not discriminate on the basis of race, color, religion, sexual orientation, or national or ethnic origin in administration of its education policies, admission policies, scholarship and loan programs, and athletic and other school-administered programs.*

**Student Questions**

**(For students applying to grades 6-8 only)**

Please attach additional sheets as needed

1. What are the first three words that come to mind to describe you and your personality?

2. What is something you are passionate about and why?

3. Describe a recent challenge you have faced and how you dealt with the challenge. Were you able to find a resolution? Why or why not?

4. Describe a good friend. Why do you get along? What do you like most about him/her?

5. If you could create your ideal school/learning community, what would you invent?