

THE ACHIEVE PROGRAM AT NOBLE AND GREENOUGH SCHOOL

RETURN TO:
ACHIEVE
10 CAMPUS DRIVE
DEDHAM, MA 02026

1

FAMILY
INFORMATION
FORM

STUDENT INFORMATION

Student's Name _____
First Middle Last

Sex: Female Male

Home Address _____
Number Street Apartment

Date of Birth _____
MM/DD/YYYY

City State Zip

Place of Birth _____
City, State

(____) _____
Home Phone Email Address

Country _____

Student's Ethnic Background/Race (optional):

- African American
- Asian/Pacific Islander
- Caucasian
- Latino/Hispanic
- Native American
- Other: _____

GENERAL FAMILY INFORMATION

Check One: Parent 1: Relationship to Student _____
 Legal Guardian

Check One: Parent 2: Relationship to student _____
 Legal Guardian

Full Name _____
First Last

Full Name _____
First Last

Home Address _____
Number Street Apartment

Home Address _____
Number Street Apartment

City State Zip

City State Zip

(____) _____ (____) _____
Home Phone Work Phone

(____) _____ (____) _____
Home Phone Work Phone

Email Address _____

Email Address _____

Occupation Employer

Occupation Employer

Work Address _____

Work Address _____

Country of Birth Ethnicity/Nationality

Country of Birth Ethnicity/Nationality

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How many languages do you speak fluently? _____ Is English your first language? Yes No

If you speak a language(s) other than English, please specify: _____

Language(s) spoken at home _____

With Whom Does the Student Live?

Both Parents/Guardians Single Parent: _____ Mother/Female Guardian _____ Father/Male Guardian

Status of Student's Parents (CHECK ALL THAT APPLY):

Married Separated Divorced Single Parent Mother Deceased Father Deceased

Number of brothers _____ ages _____ Number of sisters _____ ages _____

Is any relative of the student also applying to Achieve? Please indicate their name(s), relation to student, and the school they currently attend:

Full Name	Relationship	School
_____	_____	_____
_____	_____	_____

FINANCIAL INFORMATION

Achieve is committed to serving low-income students who are enrolled in Boston Public Schools. Students who qualify for free or reduced lunch must submit proof of their status with this application. Families who do not qualify for free or reduced lunch must submit proof of income in order to be considered for admission to the Achieve Program.

My child qualifies for: Free School Lunches (include certification) Reduced-price School Lunches (include certification) Neither (include 1040s and W-2s from 2007)

STUDENT SCHOOL INFORMATION

School Name _____
Principal's Name _____ Guidance Counselor's Name _____
Main Telephone (____) _____ Grades Attended _____

FAMILY AGREEMENT

Please consider my application for the Achieve program. If I am accepted, my family and I will adhere to the Achieve program schedule. We will not plan family vacations or other special events while the Summer and Academic Year programs are in session.

Student's Signature

Parent 1/Guardian's Signature

Parent 2/Guardian's Signature

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4. Describe a situation, inside or outside of school, in which you displayed your leadership abilities.

5. Describe a time when you were interacting with others during which you wish you had behaved differently or made different choices. Are there parts of your character you would like to improve upon? Please explain.

6. Why are you applying to Achieve? Describe the personal qualities that would make you a good Achieve student.

STUDENT AGREEMENT

My signature below acknowledges that the following 'Student Statement' section of the 2008 Achieve Application for Admission has been hand-written by me.

Student's Signature

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DEDHAM, MA 02026



PARENT/
GUARDIAN
STATEMENT

Student's Name _____ Student's School _____

To The Parent/Guardian: Please respond to each of the following questions in blue or black ink in the space provided.

1. What do you consider to be your child's strengths and weaknesses?

2. What is your child's attitude toward education? Please comment on your child's study habits.

3. What do you hope Achieve will do for your child if s/he is accepted into the program?

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4. Achieve believes that parental involvement is a crucial factor in determining a child’s educational success. We request a commitment from parents/guardians, as well as the students. We ask that parents/guardians attend meetings and workshops that are sponsored by Achieve, as well as take responsibility for student attendance. Would you be able to make this kind of commitment? If not, please explain.

6. Should your child be accepted into the program and decide to enroll, you will need to plan family events and vacations around the dates listed below. Except in the case of illness, attendance is mandatory.

- Summer Program 2008: June 23 – August 1
- Year-Round Program 2008-2009: One weekday after school (4:30 – 6:00 pm) and one Saturday per month (8:00 am – 1:00 pm), except during school vacations
- Summer Program 2009: Last week in June – First week in August
- Year-Round Program 2009-2010: same as above
- Summer Program 2010: Last week in June – First week in August

Do you see any possible conflicts with the dates?

No ____ Yes ____ If yes, please describe the conflicts here:

7. Is there anything else we should know about your child?

PARENT/ GUARDIAN SIGNATURE

Parent/Guardian’s Signature

Parent/Guardian’s Signature

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RETURN TO:

ACHIEVE
10 CAMPUS DRIVE
DEDHAM, MA 02026



TEACHER REFERENCE
FORM A

Student's Name _____

Student's School _____

Teacher's Name _____

Subject(s) _____

To The Teacher: The student above is applying to The Achieve Program - a rigorous tuition-free academic enrichment program hosted by Noble and Greenough School. Achieve seeks motivated, talented students to participate in our 3-year program, which is comprised of three six-week summer sessions, and weekday and Saturday sessions during the academic year. Achieve is committed to serving diverse low-income students that are representative of the variety of ethnic and cultural backgrounds present in Boston communities today.

We would appreciate your candid responses, which will be kept confidential. Please complete this form and send it to the address above. Thank you for your help in this process. If you have any questions regarding the program, please feel free to contact the Achieve office at (781) 320-7125.

I. Describe this student's academic performance in your class. Is it positively or negatively affected by his/her conduct and effort?

II. Does the student have difficulty grasping new concepts and retaining information? Does he/she seek out help when needed?

III. Do the student's grades truly reflect his/her academic ability? Can this student accurately and realistically assess his/her own academic abilities?

IV. The Achieve summer component is a very rigorous academic and daily schedule. How do you think this student will respond to these demands and responsibilities?

V. How could Achieve particularly benefit this student? If accepted, what might this student contribute to the program?

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VI. I recommend this student to the Achieve program:

With great enthusiasm

With confidence

With some confidence*

With reservation*

I do not recommend*

* Please explain:

VII. Please circle the response which best suits the student in relation to the other students you teach.

		Outstanding	Excellent	Good	Poor	Not applicable
a.	Academic motivation	4	3	2	1	N/A
b.	Attitude towards homework	4	3	2	1	N/A
c.	Study skills	4	3	2	1	N/A
d.	Writing skills	4	3	2	1	N/A
e.	Math skills	4	3	2	1	N/A
f.	Intellectual curiosity	4	3	2	1	N/A
g.	Willingness to try new activities	4	3	2	1	N/A
h.	Time management	4	3	2	1	N/A
i.	Ability to be a group leader	4	3	2	1	N/A
j.	Class participation	4	3	2	1	N/A
k.	Enthusiasm for class projects	4	3	2	1	N/A
l.	Ability to work independently	4	3	2	1	N/A
m.	Self-confidence	4	3	2	1	N/A
n.	Ability to accept criticism	4	3	2	1	N/A
o.	Contribution to positive spirit in your classroom	4	3	2	1	N/A
p.	General level of maturity	4	3	2	1	N/A
q.	Organization skills	4	3	2	1	N/A
r.	Ability to interact with adults	4	3	2	1	N/A

Teacher's Signature _____ Phone Number (____) _____

Email: _____

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RETURN TO:

Achieve
10 Campus Drive
Dedham, MA 02026



TEACHER REFERENCE
FORM B

Student's Name _____

Student's School _____

Teacher's Name _____

Subject(s) _____

To The Teacher: The student above is applying to The Achieve Program - a rigorous tuition-free academic enrichment program hosted by Noble and Greenough School. Achieve seeks motivated, talented students to participate in our 3-year program, which is comprised of three six-week summer sessions, and weekday and Saturday sessions during the academic year. Achieve is committed to serving diverse low-income students that are representative of the variety of ethnic and cultural backgrounds present in Boston communities today.

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I. Describe this student's academic performance in your class. Is it positively or negatively affected by his/her conduct and effort?

II. Does the student have difficulty grasping new concepts and retaining information? Does he/she seek out help when needed?

III. Do the student's grades truly reflect his/her academic ability? Can this student accurately and realistically assess his/her own academic abilities?

IV. The Achieve summer component is a very rigorous academic and social schedule. How do you think this student will respond to these demands and responsibilities?

V. How could Achieve particularly benefit this student? If accepted, what might this student contribute to the program?

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VI. I recommend this student to the Achieve program:

With great enthusiasm

With confidence

With some confidence*

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I do not recommend*

* Please explain:

VII. Please circle the response which best suits the student in relation to the other students you teach.

		Outstanding	Excellent	Good	Poor	Not applicable
a.	Academic motivation	4	3	2	1	N/A
b.	Attitude towards homework	4	3	2	1	N/A
c.	Study skills	4	3	2	1	N/A
d.	Writing skills	4	3	2	1	N/A
e.	Math skills	4	3	2	1	N/A
f.	Intellectual curiosity	4	3	2	1	N/A
g.	Willingness to try new activities	4	3	2	1	N/A
h.	Time management	4	3	2	1	N/A
i.	Ability to be a group leader	4	3	2	1	N/A
j.	Class participation	4	3	2	1	N/A
k.	Enthusiasm for class projects	4	3	2	1	N/A
l.	Ability to work independently	4	3	2	1	N/A
m.	Self-confidence	4	3	2	1	N/A
n.	Ability to accept criticism	4	3	2	1	N/A
o.	Contribution to positive spirit in your classroom	4	3	2	1	N/A
p.	General level of maturity	4	3	2	1	N/A
q.	Organization skills	4	3	2	1	N/A
r.	Ability to interact with adults	4	3	2	1	N/A

Teacher's Signature _____ Phone Number (____) _____

Email: _____

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RELEASE
FORM

Student's Name _____ Student's School _____

To The Principal/Guidance Counselor: The student above is applying to The Achieve Program - a rigorous tuition-free academic enrichment program hosted by Noble and Greenough School. Achieve seeks motivated, talented students to participate in our 3-year program, which is comprised of three six-week summer sessions, and weekday and Saturday sessions during the academic year. Achieve is committed to serving diverse low-income students that are representative of the variety of ethnic and cultural backgrounds present in Boston communities today.

Please attach complete transcripts (school records, standardized test scores and report card grades) to this form and send them to the address above. Thank you for your help in this process. If you have any questions regarding the program, please call the Achieve office at (781) 320-7125.

TO BE COMPLETED BY PARENT/GUARDIAN:

CONSENT TO RELEASE ACADEMIC INFORMATION

In order to assist the Achieve staff in attaining a clear view of my child's academic ability and social progress in school, I hereby authorize the release of complete school records and transcripts for my child, _____, to the Achieve program. Thank you. Student's Name

Parent/Guardian's Signature

Date