



CHESTERTON ACADEMY OF BUFFALO

1339 Indian Church Road ♦ West Seneca, NY 14224

Phone: 716-674-8100

office.buffalochesterton@gmail.com

www.buffalochestertonacademy.org

APPLICATION FORM

Date: ____/____/____

Applying for Grade (circle): 9th 10th 11th 12th

Fall Spring

Year Entering: 20____

STUDENT INFORMATION

Last Name: _____ First: _____ Middle: _____

Home Phone: _____ Gender (circle): M F Date of Birth: ____/____/____

Street Address: _____ City: _____ Zip: _____

Current School: _____ School Phone: _____

Transcript Forwarded to Chesterton (circle): Y N Date: ____/____/____

Parish/Church: _____ Residential School District: _____

PARENT/GUARDIAN INFORMATION

Father/Guardian: _____ Home Phone: _____

Father's E-mail: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip: _____

Father's Profession: _____ Religion: _____

Mother/Guardian: _____ Home Phone: _____

Mother's E-mail: _____ Cell Phone: _____

Street Address: _____ City: _____ Zip: _____

Mother's Profession: _____ Religion: _____

Marital Status: Married Separated Widowed Divorced Other _____

SIBLING INFORMATION

Name	Gender	Birthdate	Current School	Grade

Chesterton Academy admits students of any race, color, national origin, and ethnic origin to all the rights, privileges, programs, and activities, generally accorded or made available to students at the school. It does not discriminate on the basis of race, color, national origin, and ethnic origin in administration of its educational policies, admission policies, scholarship and loan programs and athletic and other school-administered programs.

Thank you for applying to Chesterton Academy of Buffalo!

“The Christian ideal has not been tried and found wanting. It has been found difficult, and left untried.”

-G.K.Chesterton



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STUDENT QUESTIONNAIRE

APPLICANT'S NAME _____

1. What are your favorite subjects in school and why? _____

2. What do you like to read and why? _____

3. Who are the people you admire most and why? _____

4. Do you play a musical instrument or have you ever sung in a choir? If so when and for how long?

5. Have you ever studied a foreign language? If so when and for how long?

6. Is there anything else that you would like us to know about you? (Optional)



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PARENT QUESTIONNAIRE

APPLICANT'S NAME _____

To be completed by the applicant's parent or guardian. (Attach pages if needed)

1) Please describe why you want your child to attend Chesterton Academy.

2) Please describe the applicant's strengths and weaknesses. _____

3) Has your child ever been diagnosed as having a learning disability or any other physical, educational, or psychological challenges requiring additional assistance? List here. (Upon acceptance to Chesterton, you will be asked to provide documentation: ex. Psychological Report, IEP, medical diagnosis, etc.)

4) What extra-curricular activities would your child be interested in?



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TRANSCRIPT RELEASE FORM

Dear Parent or Guardian:

Please complete and sign the bottom portion of this form and give the entire form to the guidance office at the school your child currently attends.

If your child is home schooled, please provide grades and any standardized test results that your district requires.

Dear Registrar or Guidance Counselor,

The student named below is a candidate for admission to Chesterton Academy of Buffalo. In order to evaluate his/her application, copies of grades are needed. Please send transcript material to:

Chesterton Academy of Buffalo
Office of Admissions
1339 Indian Church Road
West Seneca, NY 14224

Phone: 716-674-8100

Fax: 716-674-8102

I authorize the release of transcript records to Chesterton Academy of Buffalo for:

Student Name: _____

Current Address: _____

Current Grade: _____

Parent Signature: _____

Date: _____