



La Salle Institute  
ESTABLISHED 1850

# APPLICATION FOR ADMISSION

## Student Information

Applying for Grade: 6 7 8 9 10 11

Applicant Name (First-Middle-Last): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

Current School: \_\_\_\_\_ DOB: \_\_\_\_\_

Religious Affiliation: \_\_\_\_\_ Place of Worship: \_\_\_\_\_

Applicant lives with:

Both Parents Mother Father Guardian(s) Other: \_\_\_\_\_

Please list all siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

## Parent Information

**Mother/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Father/Guardian Name:** \_\_\_\_\_

Address: \_\_\_\_\_

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email: \_\_\_\_\_

**Parents are (check those which apply):**

Married Separated Divorced Mother Remarried Father Remarried

Mother Deceased Father Deceased

Who is financially responsible for tuition? \_\_\_\_\_

Are you applying for Tuition Assistance? Yes No

**Family Affiliation** Please list any family members who attend La Salle Institute or have attended La Salle Institute in the past:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Graduation Year \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Graduation Year \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Graduation Year \_\_\_\_\_

**Part 2: Student Application Questions** – This section MUST be completed by the applicant.

Please answer the following questions. If you need additional space, please use the reverse side of the page or attach additional pages. Be sure to include your name on all subsequent pages. Please type or print.

Who or what has influenced your decision to apply to La Salle Institute?

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List your main interests and activities outside of school (leadership/community service, church activity, sports, art, music, theater, and other clubs). Please indicate the time you commit to these activities.

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What personal qualities do you have that will contribute to our school community?

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**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Part 3: Parent Questions – This section MUST be completed by the student’s parent or guardian.**

Please answer the following questions. If you need additional space, please use the reverse side of the page or attach additional pages. Be sure to include your name on all subsequent pages. Please type or print.

Why do you seek an education for your son at La Salle Institute? What influenced your decision? If a specific La Salle Institute parent, past parent, alumnus, teacher, staff or student referred you please list.

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On a scale from 1 (poor) to 5 (excellent) please provide a rating of your son’s academic performance: \_\_\_\_\_

On a scale from 1 (poor) to 5 (excellent) please provide a rating of your son’s motivation: \_\_\_\_\_

Does your son have any known health issues? Yes No

Does your son have any physical impairments? Yes No

Has your son had any social, emotional or behavioral challenges at school? Yes No

Does your son have any learning difficulties or special needs?

- Individualized Education Plan (IEP) Yes No
- 504 Accommodation Plan Yes No
- Academic Intervention Services (AIS) Yes No

If “Yes” to any of the above, please explain and attach all relevant documentation:

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**I hereby grant La Salle Institute permission to request and review all information necessary in considering my son’s application.**

Parent’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Submit completed application to:

**Director of Admissions 174 Williams Road Troy, NY 12180 (518)283-2500 [www.lasalleinstitute.org](http://www.lasalleinstitute.org)**



**La Salle Institute**  
ESTABLISHED 1850

# TEACHER RECOMMENDATION

Student's Name \_\_\_\_\_

First

Middle

Last

This student is seeking admission to La Salle Institute in Troy, NY. To ensure a comprehensive review of this application, we ask you to thoughtfully consider this student, complete the recommendation and return it to the student in a sealed envelope. We ask the student to then submit the letter of recommendation along with his other application materials.

Thank you for your participation in the application process. Your thoughts and insights are most appreciated in the evaluation of students for admission to La Salle Institute. You may contact Ms. Tara Roby at 518.283.2500 ext. 224 should you choose to provide a recommendation by phone.

**Please rank the applicant in the following categories based on this scale:**

1 – Below average      2 – Average      3 – Above average      4 – Excellent      0 – No basis for judgment

\_\_\_\_ Intellectual aptitude

\_\_\_\_ Reaction to criticism

\_\_\_\_ Academic motivation

\_\_\_\_ Initiative & drive

\_\_\_\_ Study habits

\_\_\_\_ Sense of humor

\_\_\_\_ Respect accorded by faculty

\_\_\_\_ Concern for others

\_\_\_\_ Self-discipline & self-control

\_\_\_\_ Overall behavior

\_\_\_\_ Reaction to setbacks

\_\_\_\_ Respect accorded by peers

Overall, I recommend this student to La Salle Institute in terms of academic ability:

Not recommended

Fairly strongly

Strongly

With enthusiasm

Overall, I recommend this student to La Salle Institute in terms of character:

Not recommended

Fairly strongly

Strongly

With enthusiasm

In what capacity have you known the applicant? \_\_\_\_\_

Length of acquaintance with applicant: \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

School \_\_\_\_\_ Phone \_\_\_\_\_

Email \_\_\_\_\_

Please use the reverse side for additional comments to help us best evaluate this applicant. Thank you.



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