Student Application

**Completed Applications may be submitted in person by, by email or by mail:**

Bard High School Early College Cleveland

13501 Terminal Ave.

Cleveland, OH, 44135

216-838-9700

Naustin@bhsec.bard.edu

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Applicant Information | | | | | | | | | | | | | | | | | | |
| First Name | |  | | | M.I. |  | | Last Name | | | | |  | | | | | |
| Home Address | | | |  | | | | | | | | | | | | | | |
| City |  | | | | State | |  | | | | Zip Code | | | |  | | | |
| Home Phone | | | |  | Date of Birth | | | | |  | | | | | | | | |
| Email Address | | | |  | | | | | | | | | | | | | Gender  M/F |  |
| Student ID | | | |  | | | | | Race | | | | |  | | | | |
| Current School | | |  | | | | | | | | | Current Grade | | | |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/ Guardian Information | | | |
| First Name |  | Last Name |  |
| Home/ Cell Phone |  | Relationship to Student |  |
| Email Address |  | | |

|  |  |  |  |
| --- | --- | --- | --- |
| Parent/ Guardian Information | | | |
| First Name |  | Last Name |  |
| Home/ Cell Phone |  | Relationship to Student |  |
| Email Address |  | | |

**Student Questionnaire**

Please answer the questions below using additional paper.

* How will attending Bard Early College Cleveland help you achieve your future goals?
* Describe a project/assignment that was difficult and share what you did to work through it.

**Optional Student Questions**

These questions will not be used in the admissions decision and are optional.

|  |  |  |
| --- | --- | --- |
| Is your child in gifted classes? | Yes | No |
| Does your child have a 504 plan? | Yes | No |
| Does your child have a current IEP? | Yes | No |
| Is your child an English Language Learner? | Yes | No |

We understand that the information provided on this application will only be shared with staff of Bard High School Early College Cleveland (BHSEC). We certify that this information is accurate and completed to the best of our knowledge. We also give our permission for BHSEC to collect academic records from the school I/my child is currently enrolled in.

Student Signature Date

Parent/Guardian Signature Date

Parent/ Guardian Signature Date

For questions or to schedule an interview, please contact:

**BHSEC Cleveland Admissions**

Nathaniel Austin

Phone: (216) 838- 9718

Email: naustin@bhsec.bard.edu

**Admissions Checklist**

Please include the following items to ensure your application is complete.

* Completed application (including student questions.
* Copy of grades for the past two academic years (including attendance)
* One Letter of Recommendation (optional)