



## MIDDLE & HIGH SCHOOL APPLICATION

### PLEASE NOTE:

This application is for students who would like to be considered for admission to Primoris Academy at the middle or high school level. For more information regarding enrollment and the application, please visit our website.

Applications are currently being accepted on a rolling basis for the new academic year as space permits. The earlier the application is submitted, the higher the priority it will be given in the review process.

### SUBMISSION INSTRUCTIONS

#### **BY EMAIL (recommended method)**

1. Complete the following forms
2. Send as attachment to [admissions@primorisacademy.org](mailto:admissions@primorisacademy.org)

#### **BY MAIL**

1. Complete the following forms
2. Mail to: Admissions Office  
Primoris Academy  
120 Washington Ave  
Westwood, NJ 07675-2025

If you have a change of telephone number, email address, or mailing address after submitting your application, please contact the office at [admissions@primorisacademy.org](mailto:admissions@primorisacademy.org).

All application materials to Primoris Academy will be treated as strictly confidential documents. No part of this application will be distributed. Please keep a copy of your application and all supporting materials for your records.

Applicant Name: \_\_\_\_\_  
(First, Last)

Date: \_\_\_\_\_

## CONTACT INFORMATION

### Applicant

Name (First, Last)

Date of Birth (MM/DD/YYYY)

Sex

Street Address

City, State

Zip Code

Country

Home Phone Number

Alternate Number

Parent/Guardian 1 Name (First, Last)

Parent/Guardian 2 (First, Last)

### Parent/Guardian 1

Name (First, Last)

Relation to Student

Street Address (If different from above)

City, State

Zip Code

Country

Cell Phone Number

Email Address

Occupation

Place of Employment

Colleges Attended

### Parent/Guardian 2

Name (First, Last)

Relation to Student

Street Address (If different from above)

City, State

Zip Code

Country

Cell Phone Number

Email Address

Occupation

Place of Employment

Colleges Attended

Applicant Name: \_\_\_\_\_

**Siblings****Sibling 1**

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*Name (First, Last)*

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*Date of Birth (MM/DD/YYYY)*

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*School Attending***Sibling 2**

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*Name (First, Last)*

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*Date of Birth (MM/DD/YYYY)*

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*School Attending***Sibling 3**

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*Name (First, Last)*

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*Date of Birth (MM/DD/YYYY)*

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*School Attending*

Applicant Name: \_\_\_\_\_

ACADEMIC BACKGROUND  
(For transfer students only)

**Applicant's Current School**

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Name of School

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Current Grade Level

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Years Attended

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School Address

**Awards and Competition Experiences (Circle and fill in the score or rank.)**

AMC 8 \_\_\_\_\_ (score)

AMC 10 \_\_\_\_\_ (score)

AMC 12 \_\_\_\_\_ (score)

AIME \_\_\_\_\_ (score)

Mathcounts \_\_\_\_\_ (rank)

Mathleague \_\_\_\_\_ (rank)

Destination Imagination \_\_\_\_\_ (rank)

Odyssey of the Mind \_\_\_\_\_ (rank)

Other: \_\_\_\_\_

**Academic Testing (Write "N/A" if never taken.)**

ACT \_\_\_\_\_ (total score)

ACT Reading \_\_\_\_\_ (sub score)

ACT Math \_\_\_\_\_ (sub score)

SAT \_\_\_\_\_ (total score)

SAT English \_\_\_\_\_ (sub score)

SAT Math \_\_\_\_\_ (sub score)

SSAT \_\_\_\_\_

ISEE \_\_\_\_\_

**To be answered by applicant's parent/guardian (Please feel free to attach a separate sheet if you need more space):**

If the applicant has skipped any years of school or been out of school for a semester or more, or if there is anything else about his/her education that we should know, please describe below:

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Applicant Name: \_\_\_\_\_

How would you describe your child's personality?

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What type of school is your child currently enrolled in (public, private, homeschool, etc.)? How did you make this decision?

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How much time does your child currently spend on academic subject study outside of the classroom?

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How does your child respond to challenges?

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*Primoris Academy does not discriminate on the basis of race/ethnicity, color, national origin, sex, disability, veteran status, or age in the administration of any of its employment, educational programs, admissions policies, scholarship programs, athletics, recreational, and other school-administered programs.*

Applicant Name: \_\_\_\_\_