



Milford Academy Admissions Office

P.O. Box 878, New Berlin, NY 13411

Tel: (607) 386-1730 | Fax: (607) 238-4718

www.MilfordAcademy.org | bc55@milfordacademy.org

Schedule of Tuition

TUITION, ROOM AND BOARD August - December (Athletes report August)	Post Graduate Program \$ 22,900.00*
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The above amount includes the following services:

NCAA Clearance Evaluation - **NOT REGISTRATION**
Athletic Fees / Transportation
Program Exit Fee

ADDITIONAL FEES:

Application Review Fee (Payable with application and game film)	\$ 65.00*
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SAT TESTING FEES (per semester, optional) Includes transportation, (2) SAT registrations, and calculator	\$ 165.00*
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Each student is responsible for damage attributable to actions directly related to his behavior. In the event damage occurs outside of normal wear and tear bills are sent accordingly for the balance.

*** All applicable fees and tuition payments are NON-REFUNDABLE.**

N.B. * THESE FEES ARE ALL NON-REFUNDABLE!



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Code: 375

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Parent / Guardian Information

(Please Print)

Father/Guardian Name

Mother's Name

Father/Guardian's Address

Mother's Address

City State Zip Code

City State Zip Code

() _____
Home Phone Work Phone

() _____
Home Phone Work Phone

() _____
Cell Phone

() _____
Cell Phone

Father's Employer

Mother's Employer

Social Security Number: ____-____-____

Social Security Number: ____-____-____

Date of Birth: __/__/__

Date of Birth: __/__/__

Please check any of the following that apply to the Student/Applicant:

Does the applicant live with both parents? _____ Does the applicant have siblings? _____

Siblings sex and age: _____

Parents are: Married _____ Divorced _____ Separated _____

Mother Deceased _____ Father Deceased _____

Student now lives with: Both Parents _____ Mother _____ Father _____ Guardian _____ Other _____

Guardian Name and relationship to student: _____

Does the applicant have any Milford Academy Alumni or employee relative? _____

Explain: _____

★ Father's Email: _____

★ Mother's Email: _____



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Application for Admission

(Please Print)

Application for Admission Instructions to the Student’s Parent(s): To begin the student’s application process, please complete this form and mail it (along with the \$65.00 application fee) to Milford Academy Admissions Office shown above. The other forms and questionnaires included with this application form should be self-explanatory. If you have any questions about the application process, please call the Admissions Office.

Grade Level student expects to enter at Milford Academy: (PG)

Time of year student expects to enter Milford Academy: (Fall)

Student program: (College Prep)

Student Information

Full Name: _____
 First Middle Last Preferred Name

Address: _____
 Street City State Zip

Date of Birth: ___/___/___ Age: ___ Place of Birth: _____ State: _____

Social Security Number: ___-___-___ Sex: M___ F___ Citizenship: U.S. ___ Other _____

Religious (Denominational) Affiliation: _____

Please list the names, addresses and dates of attendance of the schools the student attended in the last 3 years:

School	Address	Dates of Attendance
_____	_____	_____
_____	_____	_____
_____	_____	_____



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Student History

(Please Print)

If the answer to any of the following questions is Yes, please explain in the space below:

1. Has the Student ever been suspended or expelled from school? _____
2. Has the Student ever been arrested or counseled by juvenile authorities because of conduct? _____
3. To the best of your knowledge has the Student used illegal drugs? _____
4. To the best of your knowledge does the Student drink alcohol? _____
5. Has the Student ever been placed in a Special Education Program? _____

(If so, has he ever been successfully remediated and returned to a mainstreamed academic program? _____)

6. Has the Student ever received psychiatric or psychological care or counseling? _____
7. Does the Student take any medication on a regular basis? _____

Explanations: _____

Please list all major extra-curricular activities in which the Student is currently involved in his/her present school other than athletics: _____

Please list any hobbies or activities which the student pursues: _____

Please list any sport (s) which the student pursues: _____



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General Health

(Please Print)

Does the student have any food allergies or require a special diet?_____ (If yes, please explain below)

Please briefly describe the Student’s General Health and explain the nature of any physical, emotional or medical conditions that may hinder the Student’s performance or full participation in Milford Academy’s programs:_____

Does the Student have any learning disability?_____ (If yes, please explain below)

The ACT/SAT testing organizations have special requirements for students with a learning disability that must be met to provide extended time testing. There are specific records and documents that must be provided timely to register a student for the examination. Milford Academy can provide you with what specific documents are required. Do you acknowledge these requirements and understand that if the records are not provided timely that regular testing will be assigned? _____

Students Health Care Coverage

Insurance Company _____

Policy Number _____

Insurance Policyholder _____



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Application for Admission

(Please Print)

Application Agreement: In making this application, the undersigned hereby affirms his/her understanding of and agreement with the following:

1. That the enrollment of each Milford Academy Student is subject to the conditions and financial terms stated in the Academy’s Enrollment Contract.
2. That the Students are enrolled for the entire academic year (or portion of based upon program of studies) and that the Academy makes no reduction or refund of tuition in the case of a Student’s absence, dismissal or withdrawal.
3. That in the support of the Academy’s policies prohibiting Students use of alcohol or illicit drugs, the undersigned give permission (upon the Students enrollment at Milford Academy) to the Academy, to require the student, under appropriate circumstances, to submit to alcohol/drug screening tests, the results of which will be made known to the Student’s parents. Failure to submit to the tests may be grounds for dismissal.
4. That the undersigned must fully disclose to the Academy all relevant information pertaining to the Student’s physical, medical, educational, emotional and psychological conditions and needs. Failure to disclose such information may result in separation from the Academy without tuition refund.
5. That all of the Student’s immunization records and health forms must be on file in the Academy’s Health File before his first day of residence at Milford Academy.
6. That upon the Students enrollment at Milford Academy, authorization is granted for the Academy to use photographs, video and audio for distribution in any form, in perpetuity, for school publications and advertisements.
7. That upon acceptance of the Student into Milford Academy, a non-refundable deposit of \$3,500.00 is required to guarantee the Students enrollment at the Academy. Notification of acceptance is made by telephone within seven days, followed by a mailed copy of this document.
8. This contract/application is subject to the laws of the State of New York.
9. This contract/application may be signed in counterparts.

Signature of Parent or Guardian Financially Responsible for the Student

Dated

Signature of Milford Academy Authorized Admitting Official

Dated

A signature above by a Milford Academy Official indicates acceptance of the Student into the Academy.

Qualified applicants are accepted without regard to race, religion, sex, or national origin.



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Transcript Release Form

(Please Print)

Full Name: _____
 First Middle Last Applying for Grade

Instructions to the Students Parent (s)/ Guardian: Please complete this form and have it delivered to the guidance office at the student’s current school. If you have any questions or difficulties in having materials sent to Milford Academy, please contact our Admissions Office.

To the Guidance Office, at the Student’s current school: The above-named student applied for admission into Milford Academy at their parent (s) /guardian request (by the signature below), please send copies of the following materials to "Admissions Office". Milford Academy, PO Box 878, New Berlin, NY 13411:

1. Academic transcripts (including courses, final grades, and an explanation of the school’s grading system).
2. ACT/SAT Standardized test data
3. Records and evaluations pertaining to any placement in special education programs.
4. Health and immunizations records.
5. Recommendations (three confidential forms to be completed, accompanying this document).

The Milford Academy Admissions office appreciates your vital assistance in this application process. If you have any questions or concerns about this request, please call us.

Release Statement

I hereby request that (Name of School) _____

(School Address) _____

Release the materials listed above to the Admissions Office at Milford Academy.

Signature of Parent or Guardian Responsible for the Student

Dated



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English Teacher Recommendation – Part 2

(Please Print)

INDUSTRY: seeks (extra) challenges _____ prepares consistently _____ needs occasional prodding _____
needs constant supervision _____ seldom tries _____

EMOTIONAL STABILITY: well-balanced, stable _____ demands attention _____
moody, unpredictable _____ (overly) excitable, impulsive _____ hyper, emotional _____

INTELLECTUAL CURIOSITY: has intense varied interests _____ shows interest in a few subjects _____
pays minimal attention _____ is basically apathetic _____

ATTENTION SPAN: exceptionally focused _____ generally on task _____ inconsistent, distracted _____
easily on task _____ rarely stays _____

ORGANIZATION SKILLS: excellent _____ good _____ average _____ fair _____ poor _____

ABILITY TO WORK WITH OTHERS: enjoys and performs well in groups _____
is generally cooperative _____ needs supervision _____ is disruptive to others _____

WILLINGNESS TO NEED SUGGESTIONS OR CORRECTIONS: seeks (follows) guidance _____
usually responds well to criticism _____ has difficulty handling corrections _____ refuses assistance _____

RESPECT FOR AUTHORITY: acts appropriately toward authority _____
occasionally needs behavioral reminders _____ is often disrespectful _____ rebels against authority _____

ORAL EXPRESSIVENESS: exceptionally articulate _____ reasonably expressive _____
has difficulty communicating _____ needs significant assistance _____

WRITING ABILITY: exceptional _____ creative, yet with mechanical weakness _____
sound mechanically, yet uninspired _____ generally deficient _____

READING HABITS: constant reader _____ frequent reader _____ needs much encouragement _____
reads rarely _____

CLASSROOM CONDUCT: an exceptional contributor _____ generally well-behaved _____
occasionally misbehaves _____ is frequently disruptive _____

MATURITY LEVEL: very mature _____ above average _____ normal _____
somewhat immature _____ very immature _____

OVERALL RECOMMENDATION: excellent _____ good _____ average _____ fair _____ poor _____

On a separate sheet, please offer any additional observations or comments you think may be helpful in evaluating the student's application for admission into Milford Academy.

English Teacher's Signature

Dated



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Math Teacher Recommendation – Part 1

(Please Print)

Full Name: _____
 First Middle Last Applying for Grade

Instructions to the Student (or Parent): Give this form (with a pre-addressed, stamped envelope) to a teacher who has instructed the Student during the last two years. Ask that it be completed and mailed as soon as possible to the Milford Academy Admissions Office.

Though strongly requested, this form is not mandatory in the prospective applicant’s process.

To the Applicant’s Teacher: Milford Academy appreciates taking your time to offer a few observations and comments concerning the above-named student’s academic potential and personal attributes. Your forthright confidential evaluation will help us assess the likelihood that this student will enjoy a rewarding educational experience at Milford Academy. Please feel free to use the back of this form for additional comments. Thank you for your assistance.

How long have you known this student? _____

How does this student rank among his peers in the following areas? (check appropriate responses)

	Top 10%	Above Average	Average	Below Average	Lowest 10%
Academic Ability	_____	_____	_____	_____	_____
Academic Achievement	_____	_____	_____	_____	_____
Academic Motivation	_____	_____	_____	_____	_____

For each attribute below please select an appropriate rating:

RESPONSIBILITY: enjoys taking on responsibilities _____ fulfills obligations when prompted _____
is rarely dependable _____ is very dependable _____

INTEGRITY: extremely reliable _____ an occasional leader _____ a cooperative contributor _____
an inconsistent follower _____ a negative influence _____

LEADERSHIP: an exceptional leader _____ an occasional leader _____ a cooperative contributor _____
an inconsistent follower _____ a negative influence _____

CONCERN FOR OTHERS: genuinely concerned _____ usually concerned _____ self-centered _____
indifferent _____ spiteful _____



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Math Teacher Recommendation – Part 2

(Please Print)

INDUSTRY: seeks (extra) challenges _____ prepares consistently _____ needs occasional prodding _____
needs constant supervision _____ seldom tries _____

EMOTIONAL STABILITY: well-balanced, stable _____ demands attention _____
moody, unpredictable _____ (overly) excitable, impulsive _____ hyper, emotional _____

INTELLECTUAL CURIOSITY: has intense varied interests _____ shows interest in a few subjects _____
pays minimal attention _____ is basically apathetic _____

ATTENTION SPAN: exceptionally focused _____ generally on task _____ inconsistent, distracted _____
easily on task _____ rarely stays _____

ORGANIZATION SKILLS: excellent _____ good _____ average _____ fair _____ poor _____

ABILITY TO WORK WITH OTHERS: enjoys and performs well in groups _____
is generally cooperative _____ needs supervision _____ is disruptive to others _____

WILLINGNESS TO NEED SUGGESTIONS OR CORRECTIONS: seeks (follows) guidance _____
usually responds well to criticism _____ has difficulty handling corrections _____ refuses assistance _____

RESPECT FOR AUTHORITY: acts appropriately toward authority _____
occasionally needs behavioral reminders _____ is often disrespectful _____ rebels against authority _____

ORAL EXPRESSIVENESS: exceptionally articulate _____ reasonably expressive _____
has difficulty communicating _____ needs significant assistance _____

WRITING ABILITY: exceptional _____ creative, yet with mechanical weakness _____
sound mechanically, yet uninspired _____ generally deficient _____

READING HABITS: constant reader _____ frequent reader _____ needs much encouragement _____
reads rarely _____

CLASSROOM CONDUCT: an exceptional contributor _____ generally well-behaved _____
occasionally misbehaves _____ is frequently disruptive _____

MATURITY LEVEL: very mature _____ above average _____ normal _____
somewhat immature _____ very immature _____

OVERALL RECOMMENDATION: excellent _____ good _____ average _____ fair _____ poor _____

On a separate sheet, please offer any additional observations or comments you think may be helpful in evaluating the student's application for admission into Milford Academy.

Math Teacher's Signature

Dated



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Guidance Counselor Recommendation – Part 1

(Please Print)

Full Name: _____
 First Middle Last Applying for Grade

Instructions to the Student (or Parent): Give this form (with a pre-addressed, stamped envelope) to a teacher who has instructed the Student during the last two years. Ask that it be completed and mailed as soon as possible to the Milford Academy Admissions Office.

Though strongly requested, this form is not mandatory in the prospective applicant’s process.

To the Applicant’s Teacher: Milford Academy appreciates taking your time to offer a few observations and comments concerning the above-named student’s academic potential and personal attributes. Your forthright confidential evaluation will help us assess the likelihood that this student will enjoy a rewarding educational experience at Milford Academy. Please feel free to use the back of this form for additional comments. Thank you for your assistance.

How long have you known this student? _____

How does this student rank among his peers in the following areas? (check appropriate responses)

	Top 10%	Above Average	Average	Below Average	Lowest 10%
Academic Ability	_____	_____	_____	_____	_____
Academic Achievement	_____	_____	_____	_____	_____
Academic Motivation	_____	_____	_____	_____	_____

For each attribute below please select an appropriate rating:

RESPONSIBILITY: enjoys taking on responsibilities _____ fulfills obligations when prompted _____
is rarely dependable _____ is very dependable _____

INTEGRITY: extremely reliable _____ an occasional leader _____ a cooperative contributor _____
an inconsistent follower _____ a negative influence _____

LEADERSHIP: an exceptional leader _____ an occasional leader _____ a cooperative contributor _____
an inconsistent follower _____ a negative influence _____

CONCERN FOR OTHERS: genuinely concerned _____ usually concerned _____ self-centered _____
indifferent _____ spiteful _____



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Guidance Counselor Recommendation – Part 2

(Please Print)

INDUSTRY: seeks (extra) challenges _____ prepares consistently _____ needs occasional prodding _____
needs constant supervision _____ seldom tries _____

EMOTIONAL STABILITY: well-balanced, stable _____ demands attention _____
moody, unpredictable _____ (overly) excitable, impulsive _____ hyper, emotional _____

INTELLECTUAL CURIOSITY: has intense varied interests _____ shows interest in a few subjects _____
pays minimal attention _____ is basically apathetic _____

ATTENTION SPAN: exceptionally focused _____ generally on task _____ inconsistent, distracted _____
easily on task _____ rarely stays _____

ORGANIZATION SKILLS: excellent _____ good _____ average _____ fair _____ poor _____

ABILITY TO WORK WITH OTHERS: enjoys and performs well in groups _____
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WILLINGNESS TO NEED SUGGESTIONS OR CORRECTIONS: seeks (follows) guidance _____
usually responds well to criticism _____ has difficulty handling corrections _____ refuses assistance _____

RESPECT FOR AUTHORITY: acts appropriately toward authority _____
occasionally needs behavioral reminders _____ is often disrespectful _____ rebels against authority _____

ORAL EXPRESSIVENESS: exceptionally articulate _____ reasonably expressive _____
has difficulty communicating _____ needs significant assistance _____

WRITING ABILITY: exceptional _____ creative, yet with mechanical weakness _____
sound mechanically, yet uninspired _____ generally deficient _____

READING HABITS: constant reader _____ frequent reader _____ needs much encouragement _____
reads rarely _____

CLASSROOM CONDUCT: an exceptional contributor _____ generally well-behaved _____
occasionally misbehaves _____ is frequently disruptive _____

MATURITY LEVEL: very mature _____ above average _____ normal _____
somewhat immature _____ very immature _____

OVERALL RECOMMENDATION: excellent _____ good _____ average _____ fair _____ poor _____

On a separate sheet, please offer any additional observations or comments you think may be helpful in evaluating the student's application for admission into Milford Academy.

Guidance Counselor's Signature

Dated



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Physician’s Order for the Following Student – Part 4

(Please Print)

Other Suggestions: _____

Length of time during which medication shall be administered: From _____ To _____

Physician’s Signature: _____

Physician’s Name: _____ Dated: _____

Physician’s Address: _____

Physician’s Telephone: _____

As Parent (s) /guardian of the above-named student, I/We hereby grant my/our consent and authorization for the administration of the above medication by Milford Academy and/or the Milford Health Department.

Parent/Guardian Signature

Parent/Guardian Signature

Printed Name Dated

Printed Name Dated



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State of New York Department of Education **Health Assessment Record – Part 5**

(Please Print)

To Parent or Guardian,

In order to provide the best education experience, school personnel must understand your child’s health needs. This form requests information from you (Part I) which will also be helpful to the health care provider when he or she completes the medical evaluation (Part II).

State Law requires complete primary immunization and a health assessment by a legally qualified practitioner of medicine, an advanced practice nurse or registered nurse or registered nurse, a physician assistant or the school medical advisor prior to school entrance in New York. An immunization update and additional health assessments are required in the 10th or 11th grade. Specific grade level will be determined by the local board of education.

Student Information (Please Print)

_____ Name of Student (Last, First, Middle)

_____ Social Security Number Date Of Birth Sex M/F

_____ Address (Street) City/Town Zip

_____ Name of Parent/Guardian (Last, First, Middle)

_____ Medicaid Number (if Applicable) Health Insurance Company/Number (if Applicable)

Part I - To be Completed by Parent

Important: Complete Part I before your child is examined. Take this form with you to the health care provider’s office.

Please answer the following questions with either a YES or NO response in the space provided. In addition please explain all "Yes" answers in the space provided below.

1. Do you have any concerns about your child’s general health (eating or sleeping habits, weight, teeth, etc)? _____
2. Does your child have any other specific illness or problems? _____
3. Does your child have any allergies (food, insects, medication, etc)? _____
4. Does your child take any medication (daily or occasionally)? _____
5. Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubes, hearing aids)? _____
6. Has your child had any hospitalization, operation, or major illness (specify problem)? _____
7. Has your child had any significant injury or accident (specify problem)? _____
8. Would you like to discuss anything about your child’s health with the school nurse? _____



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Part I - To Be Completed by Parent – Part 6

(Please Print)

Please explain any "YES" answers here. For illnesses/injuries/etc; include the year and/or the child's age.

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

_____ Parent/Guardian Signature	_____ Parent/Guardian Signature		
_____ Printed Name	_____ Dated	_____ Printed Name	_____ Dated

Part II - Medical Evaluation

To the Health Care Provider: Please complete and sign.

_____ has had a complete history and physical exam on _____
Student Name Birth Date MM/DD/YY

Findings for this student are as follows:

Screening/Test Results

Note: Mandated Screening/Tests/Immunizations under New York State Law

*Height _____ * Weight _____ * B/P _____

*Pulse _____ * HTC/HGB _____ Urinalysis _____

*Gross dental (teeth and gums) _____

* Postural: Normal _____ Abnormal _____ Referral _____

Min _____ Slight _____ Mod _____ Marked _____

TB and Other Test Results (Sickle Cell, etc) TB: in high risk group? _____

TEST	DATE	RESULTS



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Exemption – Part 8

(Please Print)

Religious _____ Medical: Permanent _____ Temporary _____ Date _____

Re-certify date _____ Re-certify date _____ Re-certify date _____

This student has the following problems, which may adversely affect his educational experience:

Vision _____ Auditory _____ Speech/Language _____

Physical Dysfunction _____ Emotional Social _____ Behavior _____

_____ The pupil has a health condition that may require emergency action at school. E.g. seizures, allergies (specify below)

_____ The pupil is on long term medication. (specify below)

Comments and recommendations (attach additional sheet if necessary):

_____ This student may participate fully in the school program, including physical education activities.

_____ This student may participate in the school program and physical education with the following restriction/adaptation. (Specify reason and restriction)

_____ Yes _____ No Based on this comprehensive health history and physical examination, this student has maintained his level of wellness.

_____ I would like to discuss information in this report with the school nurse.

Signature of Health Care Provider Print Name Date (_____) Phone Number



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Enrollment Contract – Part 1

(Please Print)

Student Name: _____ Boarding: _____

Parent/Guardian Name: _____

Parent/Guardian Cell #: _____ Email: _____

Day: _____ Grade: _____ PG1: _____ PG2: _____

Athletics: _____ Academic Year: _____

Full Tuition Amount _____

As used in this Contract, the terms "we", "us", and "our" refer to Parent(s), Legal Guardians, Student and/or Co-Signers. The terms "you" and "your" or "MA" refer to Milford Academy. By submitting the deposit, referred to on the reverse side of the Enrollment Contract, we acknowledge that you, MA, have accepted the Student and reserved a place for Student. We accept the place you have reserved for the Student as indicated above and agree to all provisions of this Enrollment Contract.

Full Bill Must Be Paid

We agree to pay MA the full amount of the Room, Board, Tuition, Depositions and other charges, as set forth on the schedule of tuition, fees and other charges appearing on the reverse side of this contract, on or before the day on which they are due. We will pay you these amounts even if the student (1) is or becomes 18 years of age; (2) is dismissed or withdraws and no longer attends the academy; we further understand and agree that if all payment and other obligations are not met, MA, depending on circumstances which vary from case to case may not (1) allow the Student to attend school; (2) take exams; or (3) graduate. Also, we understand MA and its agents may not issue transcripts, credits, or other records or furnish references for scholarships and further education if we do not pay all of the amounts we owe when due, we agree to pay interest at the legal rate (ten percent-10%) from the due date of the payment. In addition, if legal action is instituted, we will pay all attorney's fees and costs of collection incurred. We understand and agree that there are no refunds and we acknowledge that reservation of the student's place at Milford Academy obliges us to perform all terms of this Contract.

The Academy reserves the right to charge a pro rata share of the cost of repair for damages done to the campus facilities by students, if the individual(s) responsible for the damage cannot be identified. (Schedule of Tuition enclosed)



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Enrollment Contract – Part 2

(Please Print)

Permission for Activities

By signing this Contract we give permission for the student to take part in all Student sports and other activities and trips you sponsor. If we do not want the Student to take part in any activity we will tell you so in writing. **We also understand that participation in athletic games/programs often subjects the Student to personal injuries. Therefore, inasmuch as it is our desire that the Student engages in athletic games/programs, we accept the risk, absolve and hold Milford Academy harmless from all damages related to any such injuries.**

Student Financial Aid

Any Financial aid from Milford Academy can be rescinded at the discretion of the Administration, if we default on any terms of this Contract or if the Student shall withdraw or be expelled or otherwise dismissed for any reason.

Interpretation

We agree that this Contract shall be interpreted in accordance with the laws of the State of New York and for purposes of jurisdiction it is deemed signed in the State of New York and any actions shall be brought to the jurisdiction of the State of New York.

Full Understanding

The terms of this Enrollment Contract, including the payment dates and information included on the reverse side of this form, contain the full understanding of the parties hereto and we are not entitled to rely on any unwritten or implied terms or representations and these written terms are understood and agreed to in their entirety. **All Deposits and Tuition Moneys are Non-Refundable.** A copy has been received.

Milford Academy

By: _____
William Chaplick,
Director of Operations

Student: _____

Parent: _____

Student: _____

Parent: _____

Date: _____

Date: _____

THANK YOU!