

SELECT TOP 2 CHOICES

- _____ Academy of Business & Finance (AOBF)
- _____ Academy of IT/Digital Media (AOIT/DM)
- _____ Academy of Life Science (AOLS)
- _____ Engineering Academy (EA)
- _____ Academy of Visual Arts (AVA)



Please check Academy choices at left.
Please rank your preferences below.

1. _____
2. _____

Teachers Recommendations

1. _____
2. _____

WEST SENECA CENTRAL SCHOOLS ACADEMY PROGRAMS Student Application

Type or Print

APPLICATIONS DUE TO STUDENT SERVICES OFFICE by January 5, 2018

(Name: Last/First)

(Home Address)

(School/Grade) (Counselor)

Previous work experience/Volunteer experience (Including yard work, babysitting/formal or informal)

List club memberships, sports, and extra-curricular activities

List any enriched or honors courses you have taken

How many days have you been absent this year?

- 0-5 6-10 11-20 21+

If more than 5, briefly explain why?

(PLEASE COMPLETE OTHER SIDE)

What is your overall grade point average? _____

Why are you interested in being selected for this program?

Empty rectangular box for response.

In the area below, write a brief paragraph (six to ten sentences) describing yourself.

Empty rectangular box for response.

List two teachers that you intend to use as references. These teachers will be completing recommendation forms.

Empty rectangular box for response.

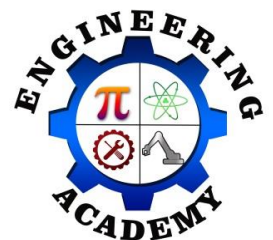
I understand that if I am accepted into this program, I will be committed to completing all of the necessary Academy courses and to participate in all required activities including workshops, job shadows, required internship, and a college course. My acceptance further commits me to be a program participant starting sophomore year through June of my senior year.

(Signature of Applicant) (Date)

I have read this application and information sheet and approve of my child's participation in an academy program if he/she is selected.



Academy of Life Science



Student Name: _____

SELECT TOP 2 CHOICES

- _____ Academy of Business & Finance (AOBF)
- _____ Academy of IT/Digital Media (AOIT/DM)
- _____ Academy of Life Science (AOLS)
- _____ Engineering Academy (EA)
- _____ Academy of Visual Arts (AVA)



**WEST SENECA CENTRAL SCHOOLS
ACADEMY PROGRAMS
Recommendation Form For Subject Teacher
(CONFIDENTIAL)**

(Student: Last/First)

East/West

(Circle)

Grade

Counselor

To be filled out by Subject Teacher~

The above student is applying for an Academy Program. Please complete the evaluation form and return it to: Student Services Office by January 5, 2018

Please check <u>one</u> .	Excellent	Good	Fair	Poor
1. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Punctual arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Completion of homework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Character (honesty, attitude, behavior)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Class participation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Relationship with peers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Relationship with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Dress/appearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Ability to communicate verbally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Ability to communicate in writing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Ability to work with numbers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(PLEASE COMPLETE OTHER SIDE)

Comments ~

Academic Performance

Character

Other

(Teacher Name)(Print)

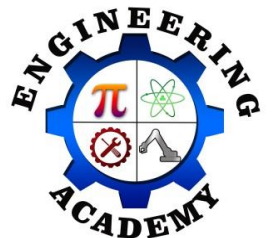
(Signature of Teacher) (Date)

East/West
(Circle)

(Department)



Academy of Life Science



Student Name: _____

SELECT TOP 2 CHOICES

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**WEST SENECA CENTRAL SCHOOLS
ACADEMY PROGRAMS
Recommendation Form For Subject Teacher
(CONFIDENTIAL)**

(Student: Last/First)

East/West

(Circle)

Grade

Counselor

To be filled out by Subject Teacher~

The above student is applying for an Academy Program. Please complete the evaluation form and return it to: Student Services office by January 5, 2018.

Please check <u>one</u> .	Excellent	Good	Fair	Poor
1. Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Punctual arrival	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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13. Academic achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(PLEASE COMPLETE OTHER SIDE)

Comments ~

Academic Performance

Character

Other

(Teacher Name)(Print)

(Signature of Teacher) (Date)

(Circle) East/West

(Department)



Academy of Life Science

