

**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 16, 2019**

(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 writing an answer to the question above.

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

Empty rectangular box for writing a paragraph describing yourself.

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

Empty rectangular box for listing two teachers as references.

*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.*

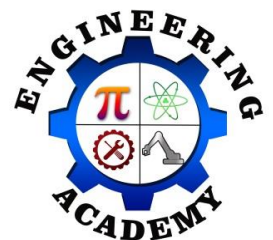
\_\_\_\_\_  
(Signature of Applicant) (Date)

*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 16, 2019**

Please check one.

	<b>Excellent</b>	<b>Good</b>	<b>Fair</b>	<b>Poor</b>
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)**

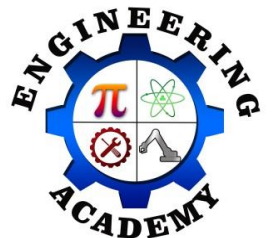
\_\_\_\_\_  
**(Signature of Teacher)      (Date)**

\_\_\_\_\_  
**East/West**  
**(Circle)**

\_\_\_\_\_  
**(Department)**



Academy of Life Science



Student Name: \_\_\_\_\_

**SELECT TOP 2 CHOICES**

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- \_\_\_\_\_ 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 16, 2019.**

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)**

\_\_\_\_\_  
**(Circle)                      East/West**

\_\_\_\_\_  
**(Department)**



Academy of Life Science

