



SPRAYBERRY HIGH SCHOOL: SCHOLARS ACADEMY APPLICATION

PART 1: GENERAL INFORMATION

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

PREFERRED NAME: _____ GENDER: MALE FEMALE BIRTH DATE: _____

PERMANENT HOME ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

SCHOOL YOU ARE CURRENTLY ATTENDING: _____

ISLA APPLICANTS, PLEASE INDICATE YOUR CURRENT LEVEL OF FLUENCY IN THE SPANISH LANGUAGE:

- BEGINNER INTERMEDIATE ADVANCED NATIVE SPEAKER

PART 2: PARENTAL CONSENT

I, _____, do consent that _____ (for whom I am the parent or legal guardian) can participate in the Scholars Academy program listed below:

- SCIENCE, TECHNOLOGY, ENGINEERING, and MATH (STEM)
- INTERNATIONAL SPANISH LANGUAGE ACADEMY (ISLA)
- LEADERSHIP, LAW, and PUBLIC SERVICE



I understand that admission into the program will be determined by an admissions committee comprised of teachers at Sprayberry High School, and I acknowledge that admission to the selected program requires a four-year commitment.

Signature of Parent

Date

PART 3: PARENTAL AFFIRMATION

In order for my child to be considered for application into the Scholars Academy, I understand that I must agree to all of the following requirements:

1. My student must apply during their 8th grade year;
2. My student must obtain two (2) teacher recommendations;
3. My student will be interviewed before being admitted into the academy;
4. ISLA students living outside of the Sprayberry attendance zone must apply for HB-251.
(Transportation is not provided, and acceptance for HB-251 does NOT automatically guarantee acceptance into ISLA)

Signature of Parent

Date

PART 4: STUDENT AFFIRMATION:

I declare as the student applicant that:

1. I will pursue four years of study in the subject area of my academy.
2. I will maintain a 3.5 GPA throughout my four years in the program.
3. I will challenge myself and work hard while in the program.
4. I will participate yearly in extracurricular activities (ISLA students will include a focus on multicultural activities).
5. I will complete a senior research project prior to graduation.

Signature of Student

Date



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TEACHER RECOMMENDATION FORM:

- International Spanish Language Academy *(At least one recommendation must come from a Spanish teacher)*
- Science, Technology, Engineering, and Math *(At least one recommendation must come from a Science or Math teacher)*
- Leadership, Law, and Public Service *(At least one recommendation must come from a Social Studies teacher)*

TO THE PERSON COMPLETING THIS FORM: The student listed below has applied to attend one of the **Scholars Academies** at Sprayberry High School, and they have asked you to evaluate his/her academic ability. Your recommendation is greatly appreciated. *Please return this form in a sealed envelope to the applicant.*

APPLICANT'S NAME: _____

NAME OF PERSON COMPLETING THIS FORM: _____

1. How long, and in what capacity, have you known the applicant?

2. List three words that you think best describe the applicant:

3. Please rate the applicant in each attribute/skill listed below (compared to other students with whom you have worked):

	EXCEPTIONAL	SUPERIOR	AVERAGE	SATISFACTORY	IMPROVEMENT REQUIRED	NOT OBSERVED
Enjoys the challenge of difficult problems / assignments.						
Capable of working independently with minimal instruction.						
Functions effectively as a group member.						
Is naturally curious and can generate his/her own questions.						
Actively participates in the classroom.						
Critical thinking ability.						
Leadership skills.						
Creativity.						

ADDITIONAL COMMENTS:

Signature of Person Making Recommendation

Date



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