

CROSBY HIGH SCHOOL

ACE

Academic Choice for Excellence

APPLICATION



ACE Program Application

Crosby High School

300 Pierpont Road

Waterbury, CT 06705

(203) 574-8061 FAX: (203) 574-8072

PLEASE PRINT

Applicant's Full Name: _____

Home Address (include zip code): _____

Waterbury, CT _____

Phone Number: _____

E-mail Address: _____

Date of Birth: _____

Parent/Guardian Name: _____

Address (if different from above): _____

Schools Attended:

Middle School: _____

Elementary School: _____

Kindergarten: _____

Pre-School: _____

Participation in Talented/Gifted Program at Middle School or Elementary School (circle) YES NO

What are you career goals at the present-time? _____

Hobbies/Special Interests: _____

Criteria for Admission to the ACE Program

1. Must be a Waterbury resident.
2. Completion of all parts of the application.
3. Return the signed Parent Release form to give us permission to review your information.
4. Teacher recommendations based on the format provided by the ACE committee.
Recommendations from three core subject teachers: one from Math, one from English and one from Science or Social Studies.
5. Provide a transcript from your current school (recommended GPA of 85 or above).
6. Standardized test scores if available (COGATS, IOWAS, Etc.) and/or CMT scores (grades 6, 7, 8).
7. A typewritten essay (**minimum** 250 words) on the following topic:
 - What has been your greatest accomplishment or toughest obstacle you have had to overcome?
8. Personal Interview.
9. All items must be submitted in a pocket folder. Please include your name on the folder for easy identification and place the checklist in the front, right side pocket.
10. Application must be received by **December 21, 2012.**
11. Notification of acceptance by mail.

Name: _____

ACE Program
Academic Choice for Excellence
Application Checklist

ITEMS	COMPLETED
Personal Information Cover Page (printed)	
Parent Release Form with parent signature	
English Teacher Recommendation (both sides completed)	
Math Teacher Recommendation (both sides completed)	
Science or Social Studies Teacher Recommendation	
Transcript from current school	
Standardized Test Scores (COGATS, IOWAS, etc.) if available	
CMT Scores (grades 6, 7, and 8) if available	
Typewritten Essay	
Personal Interview: will be arranged by the school upon receipt of your application	
All items in a pocket folder with the checklist placed in front, right side pocket and your name on the folder for easy identification	
Application must be received on or before December 21, 2012	

ACE Program Application

Crosby High School

PARENT RELEASE FORM

Student Name: (**Please Print**) _____

I hereby give my permission for my child's records to be reviewed as part of this application.

Parent/Guardian Name (**Please Print**)

Parent/Guardian Signature

Date

English Teacher Reference

The student named below is applying for the ACE Program at Crosby High School. We ask for your careful evaluation. Please return the completed form to the student in a sealed envelope with your signature on the fold. If you prefer to send the completed form directly to the school, please address it to Crosby High School/Attention: Joanna Crudele/300 Pierpont Road/Waterbury, CT 06705. Your remarks will be kept confidential and will be used for admission to the program and course placement. Thank you for your time and assistance.

Teacher's Full Name: (please print) _____

School: _____

Applicant's Full Name: _____

How long have you known the applicant? _____ Course Title: _____

1. Please evaluate the applicant's performance in the following areas:

	Above Grade Level	Consistent with Grade Level	Below Grade Level
Reading			
Writing			
Speaking			

2. Academic traits: how would you rate this applicant as compared to other students you have taught in the following categories:

	Above Average	Average	Below Average
Intellectual Aptitude			
Study Habits			
Academic Motivation			
Intellectual Curiosity			
Academic Integrity			

3. Are the applicant's assignments done in a complete and timely manner? Please comment on the quality and organization of work.

Complete other side

English Teacher Reference (continued)

4. Is there anything else you can tell us about the applicant that will help us to better understand him/her as a student and a person?

Teacher's Signature

Date

Math Teacher Reference

The student named below is applying for the ACE Program at Crosby High School. We ask for your careful evaluation. Please return the completed form to the student in a sealed envelope with your signature on the fold. If you prefer to send the completed form directly to the school, please address it to Crosby High School/Attention: Joanna Crudele/300 Pierpont Road/Waterbury, CT 06705. Your remarks will be kept confidential and will be used for admission to the program and course placement. Thank you for your time and assistance.

Teacher’s Full Name: (please print) _____

School: _____

Applicant’s Full Name: _____

How long have you known the applicant? _____ Course Title: _____

1. Please evaluate the applicant’s performance in the following areas:

	Above Grade Level	Consistent with Grade Level	Below Grade Level
Whole Number Arithmetic			
Decimals			
Integers			
Positive/Negative Numbers			
Fractions			

2. Academic traits: how would you rate this applicant as compared to other students you have taught in the following categories:

	Above Average	Average	Below Average
Intellectual Aptitude			
Study Habits			
Academic Motivation			
Intellectual Curiosity			
Academic Integrity			

Complete other side

Math Teacher Reference (continued)

- 3. Are the applicant's assignments done in a complete and timely manner? Please comment on the quality and organization of work.

- 4. Is there anything else you can tell us about the applicant that will help us to better understand him/her as a student and a person?

Teacher's Signature

Date

Additional Academic Teacher Reference (Science or Social Studies)

The student named below is applying for the ACE Program at Crosby High School. We ask for your careful evaluation. Please return the completed form to the student in a sealed envelope with your signature on the fold. If you prefer to send the completed form directly to the school, please address it to Crosby High School/Attention: Joanna Crudele/300 Pierpont Road/Waterbury, CT 06705. Your remarks will be kept confidential and will be used for admission to the program and course placement. Thank you for your time and assistance.

Teacher's Full Name: (please print) _____

School: _____

Applicant's Full Name: _____

How long have you known the applicant? _____

Course Title: _____

1. Academic traits: how would you rate this applicant as compared to other students you have taught in the following categories:

	Above Average	Average	Below Average
Intellectual Aptitude			
Study Habits			
Academic Motivation			
Intellectual Curiosity			
Academic Integrity			

2. Are the applicant's assignments done in a complete and timely manner? Please comment on the quality and organization of work.

3. Is there anything else you can tell us about the applicant that will help us to better understand him/her as a student and a person?

Teacher's Signature

Date