*Due March 17, 2017



2017 Application for Science and Mathematics Summer Enrichment Academy (SMSEA)

Wednesday, May 31, 2017– Friday, June 30, 2017

Please complete the SMSEA application and return to your child's home school as soon as possible. **Student eligibility criteria for SMSEA:**

- **Rising 9th 12th grade APS students** [9th grade students may be enrolled in Biology only]
- Students with a minimum cumulative average of 80 and a minimum average of 85 in their area of application
- Students applying for math courses must have a passing score of 80 or better on the Algebra EOCT

| Student's Name: | | | | | | | | |
|---|--|------------------------------|----------------------------------|-------------|-------------------------|--|--|--|
| Current/Home School: Region : | | | | | | | | |
| Home Address: | | | | | | | | |
| | nt email: | ne): 9 10 11 | | | | | | |
| | -2017 Grade Level (please circle on | | Infinite Campus ID#: | | | | | |
| Cumu | lative Average: Curr | rent Science Average: | Current Math Aver | rage: | | | | |
| | | Please attach current transc | cript to the application. | | | | | |
| Parent/Guardian Information | | | | | | | | |
| Parent/Guardian's Name: | | | | | | | | |
| | e Phone: | Work Phone : | Cell Phone: | | | | | |
| Paren | t email: | | | | | | | |
| | se of Emergency Call: | | | | | | | |
| | t/Guardian's Signature: | | | | Date: | | | |
| My cl | hild will need MARTA transportation | on My child will not | need MARTA transportation _ | | | | | |
| | | COURSE INFO | RMATION | | | | | |
| | | Course # | | Course | Name | | | |
| | Current 2016-2017 | | | 000100 | | | | |
| | Math Course(s) | | | | | | | |
| | | Course # | | Course | Name | | | |
| | Current 2016-2017 | | | | | | | |
| | Science Course(s) | | | | | | | |
| | | Course # | | Course Name | | | | |
| | Proposed Fall 2017 – 2018 | | | | | | | |
| | Math Course(s) | | | | | | | |
| | | Course# | | Course Name | | | | |
| | Proposed Fall 2017 – 2018 Science Course(s) | | | | | | | |
| | | | | | | | | |
| | <u>emy</u> Course Interest | | | | | | | |
| | t one course from the SMSEA cours | | | 2018 sched | lule for mathematics or | | | |
| | <mark>ce as s</mark> hown above. Course selectio | | | | | | | |
| You must select either a science or a mathematics course that you would be scheduled for during the 2017-2018 academic school | | | | | | | | |
| year. | | | | | | | | |
| at . | | | | | | | | |
| 1 st Ch | 1 st Choice: 2 nd Choice: | | | | | | | |
| No course changes will be made. | | | | | | | | |
| | | <i></i> | | | | | | |
| In | order to be considered for the progra | <u>Statement of I</u> | | | um of 500 words | | | |
| | 1 0 | | est in mathematics and science i | in a maxim | ium of 500 words. | | | |
| Atta | Attach your response to this application. | | | | | | | |

Letters of Recommendation

Please submit a recommendation from one teacher with this application. The letter of recommendation must be from a teacher of mathematics or science.

Student's Signature:

Counselor's Signature: Principal's Signature Date: ______
Date: _____
Date: _____

MATH & SCIENCE TEACHER RECOMMENDATION FORM Due: March 17, 2017

| Teacher's | s Name: |
|-----------|---------|
|-----------|---------|

| | Last | First | МІ |
|-----------------|------|-------|-------------|
| Student's Name: | | | |
| | Last | First | MI |
| Address: | | City: | State: Zip: |
| Phone: | | | |

Please complete this form, which is necessary for being accepted as a candidate for the Science and Mathematics Summer Enrichment Academy (SMSEA). Consider recommending only those students who have demonstrated that they have the capacity to handle the rigorous and fast-paced curriculum of SMSEA. Required G.P.A. is 80, and 85 in the pursued course of study.

| | Superior | Above Average | Average | Below Average | Poor | Unknown |
|----------------------|-------------|------------------|---------|------------------|------|---------|
| | ~~ F | g- | | | | |
| Character | | | | | | |
| Intellectual Ability | | | | | | |
| Personality | | | | | | |
| Social Maturity | | | | | | |
| Cooperation | | | | | | |
| Leadership Potential | | | | | | |
| Judgment | | | | | | |
| Initiative | | | | | | |
| Oral Expression | | | | | | |
| Written Expression | | | | | | |
| Other | | | | | | |

Comments and Recommendations (heavily weighted):

Teacher's Signature:

Teacher email: _____

Subject Area: _____

Atianta Public Schools Summer Academy Program

[please submit envelope sealed]

MATH & SCIENCE TEACHER RECOMMENDATION FORM Due: March 17, 2017

Teacher's Name:

| | Last | First | MI |
|-----------------|------|-------|-------------|
| Student's Name: | | | |
| | Last | First | MI |
| Address: | | City: | State: Zip: |
| Phone: | | | |

Please complete this form, which is necessary for being accepted as a candidate for the Science and Mathematics Summer Enrichment Academy (SMSEA). Consider recommending only those students who have demonstrated that they have the capacity to handle the rigorous and fast-paced curriculum of SMSEA. Required G.P.A. is 80, and 85 in the pursued course of study.

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|----------------------|----------|------------------|---------|------------------|------|---------|
| Character | | | | | | |
| Intellectual Ability | | | | | | |
| Personality | | | | | | |
| Social Maturity | | | | | | |
| Cooperation | | | | | | |
| Leadership Potential | | | | | | |
| Judgment | | | | | | |
| Initiative | | | | | | |
| Oral Expression | | | | | | |
| Written Expression | | | | | | |
| Other | | | | | | |

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Teacher's Signature:

Subject Area:

Teacher email: _____

[please submit envelope sealed]

