

Norfolk Public Schools High School Specialty Programs APPLICATION PACKET 2018

Thank you for interest in applying for one or more of NPS' High School Specialty Programs for 2018-19. Please review the application and follow the directions accordingly. Mark your program choices at the bottom of each page.

Students turn in their completed application and recommendations to the middle school guidance counselors by **January 31, 2018**. Please review the next page for important dates and information for each program.

I. APPLICATION CHECKLIST

Use the following checklist to guide you through the process. **Incomplete applications will not be considered.**

Student Name: _____ Current School _____

Checklist:

1. _____ Applicant Information Sheet /Parental Support Agreement
2. _____ Student Questionnaire
3. _____ Four Teachers' Recommendations from the following subjects:
_____ Mathematics
_____ Science
_____ English
_____ General (IB program requires Foreign Language)
4. _____ School Counselor Recommendation
5. _____ *For Counselor*: A copy of the student's middle school grades, test scores, attendance, and discipline records
6. _____ *Other Comments or additional recommendations *optional
7. _____ This Checklist

*****All applications must be completed in full and submitted through a school counselor.*****

School Counselor: This student is applying to one of Norfolk Public School's High School Specialty Programs for the year 2018-19. Please send the completed packet to the respective program coordinator(s) by February 16, 2018, or contact them to make other arrangements.

Karla Stead
Leadership Center of
the Sciences and
Engineering (LCSE)
@Norview HS

Anne Christie
Medical and Health
Specialties Program
@Maury High School

Rebecca Gardner
International
Baccalaureate (IB)
@Granby High School

Gene Garrett
Academy of
Leadership And
Military Science
@Lake Taylor High
School

Yvette Wyatt
Academy of the Arts
@Booker T.
Washington High
School

Check the program(s) you are applying for below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Academy of the Arts (BTW) | <input type="checkbox"/> Academy of Leadership & Military Science (LTHS) | <input type="checkbox"/> IB Program (GHS) |
| <input type="checkbox"/> Leadership Center for the Sciences & Engineering (NHS) | <input type="checkbox"/> Medical & Health Specialties Program (MHS) | |

Norfolk Public Schools High School Specialty Programs

Important Dates and Deadlines for Specialty Programs

1/31/18	Deadline to submit application parts to your school counselor
2/16/18	Deadline for middle schools to send completed applications to Specialty Programs.
3/3/18	Test and Essay at Granby for all applicants for the IB Program
3/5/18	Invitations for candidates to interview or test sent to applicants
3/10/18	Testing for select applicants for MHSP applicants @ Maury High, 9:00 am-12:00 pm
3/20-3/22/18	Interview and Writing Prompt at Lake Taylor High, 5:00-9:00 pm
3/24/18	Auditions/Portfolio Preview & Essay at Booker T Washington, 9:00 am-12:00 pm
3/24/18	Testing and Essay for select LCSE applicants at Norview High, 9:00--11:45 am
4/20/18	Final Notifications mailed to all applicants
5/4/18	All acceptance intent letters returned to the specialty programs

Notification dates are subject to change based on winter weather delays.

Specialty Program Application Requirements

- Rising 9th grader and Norfolk resident
- Good discipline and attendance records
- 1 high school credit for Algebra 1 by the end of 8th grade
- 4 Positive Teacher Recommendations
- School Counselor Recommendation
- Strong Standardized Test Scores
- 1 Additional High School credit — see each specialty program for additional details

Academy of the Arts Booker T. Washington High School Contact: Yvette Wyatt— ywyatt@nps.k12.va.us

- Academy of the Arts students focus on areas of dance, instrumental music, theatre, visual arts, or vocal music.
- Submission of Art Portfolio or an audition is required for acceptance.— appts. will be mailed
- 2.5 gpa minimum required
- Pass all 8th grade SOL, and no high school credits required.
- Audition/Portfolio and Essay March 24, 2018, 10:00 am -- by appointment only
- Final Notifications sent to applicants April 20, 2018

Academy of Leadership and Military Science Lake Taylor High School Contact: Captain Gene Garrett— ggarrett@nps.k12.va.us

- Current sports physical required
- Interview & Essay @ Lake Taylor; March 20-22 5:00-9:00 pm
- 2.0 gpa minimum required
- Passing scores on all 8th grade SOL exams
- Required Summer Orientation Camp for accepted students- dates tbd

**Leadership Center for the Sciences and Engineering
Norview High School
Contact: Karla Stead—kstead@nps.k12.va.us**

Additional Requirements:

- B average grades
- Geometry (*Preferred— Algebra I minimum*)
- 1 credit in Biology or Earth Science (*honors preferred*)
- 1 credit in Spanish or French*
- Successful score on the LCSE Entrance Exam
- Well written essay completed March 24th at Norview

Dates and Info:

- Testing and Essay Saturday, March 24, 2018 at Norview by invite only.
- LCSE invites 50 students to attend each year
- Accepted students meet with Ms. Stead to set up schedule in May/June
- Accepted students attend a 4 day Summer orientation Camp in mid-August (no cost)

**International Baccalaureate Diploma Program
Granby High School
Contact: Rebecca Gardner—rgardner@nps.k12.va.us**

Additional Requirements:

- B average grades
- Geometry or Algebra 1
- 1 credit in French, Latin, or Spanish
- High School credit science preferred
- Positive teacher recommendations
- Well written essay completed
- Successful entrance testing completed

Dates and Info:

- Test and Essay March 3, 2018 at Granby for all applicants
- Essay and Test time will be from 8:00-11:00.
- Essay prompt and materials will be provided
- 60 students are accepted each year

**Students who do not meet the foreign language requirement due to school schedule conflict should contact Ms. Gardner*

**Students who have a conflict with the testing date should contact Ms. Gardner*

**Medical and Health Specialties Program
Maury High School
Contact: Anne Christie—achristie@nps.k12.va.us**

Additional Requirements:

- B average grades
- Algebra 1 and another high school credit
- Preferred: Honors Biology or Honors Earth Science
- Successful testing and well written Essay completed March 10, 2018 (for select students)

Dates and Info:

- On site Testing and Essay March 10, 2018 after initial application review (for select students)
- Essay prompt and materials will be provided
- 50 students are accepted each year
- Half-day orientation program for accepted freshmen to be held in August. Date to be determined.

I. APPLICANT INFORMATION

Please print clearly in blue or black ink.

Student Name: _____
Last Name First Name M.I.

Current School: _____ Student ID# (if NPS): _____

Home Address: _____ Norfolk, VA _____
Number/Street Zip Code

Home Phone #: _____ Mobile/Cell Phone # _____

Work Phone #: _____ Best Contact # (circle one): Home Cell Work
Mother or Father

Counselor's Name: _____ Zoned High School: _____

Parent Name: _____

Parent Email Address: _____

Parent Email Address #2 (optional): _____

Student's Email Address: _____

II. PARENTAL SUPPORT AGREEMENT

The applicant information above is correct. My student and I have discussed the admission requirements and academic rigor for this high school specialty program. If selected, I agree to give my student, the faculty, and staff of the respective school the support necessary to ensure success.

Parent's Signature Date

Student's Signature Date

Check the program(s) you are applying for below:

- ☐ Academy of the Arts (BTW) ☐ Academy of Leadership & Military Science (LTHS) ☐ IB Program (GHS)
☐ Leadership Center for the Sciences & Engineering (NHS) ☐ Medical & Health Specialties Program (MHS)

III. STUDENT QUESTIONNAIRE

Please answer each question clearly. Neatness, accuracy, and details count.

Your Name: _____

1. List the sports and/or extracurricular activities in which you currently participate, either at your middle school or in your community (clubs, organizations, committees, etc).

2. Describe your community service experience, either at your school or within your community.

3. Describe your goals for high school and college.

4. What is/are your favorite subject(s) in school?

5. What strengths do you have that will enable you to be successful in a challenging high school specialty program?

Check the program(s) you are applying for below:

- | | | |
|---|--|---|
| <input type="checkbox"/> Academy of the Arts (BTW) | <input type="checkbox"/> Academy of Leadership & Military Science (LTHS) | <input type="checkbox"/> IB Program (GHS) |
| <input type="checkbox"/> Leadership Center for the Sciences & Engineering (NHS) | <input type="checkbox"/> Medical & Health Specialties Program (MHS) | |

IV. TEACHER RECOMMENDATION FORM

(1)

SUBJECT: ☐ Math ☐ Science ☐ English ☐ General / Foreign Lang

Student Name: _____ School: _____

Guidance Counselor Name: _____

Dear Teacher:

Thank you for taking the time to complete this recommendation. When finished, return the form in a sealed envelope to the student or the counselor listed above before January 31, 2018. Please do not send this form directly to the High School Specialty Program.

Teacher Name: _____ Course: _____

Please rate the student's performance based on observations in your class.

Performance Characteristic	Excellent / Almost Always	Good / Satisfactory	Occasionally / Rarely	Poor/ Never
Learns quickly. Grasps and relates concepts easily.	4	3	2	1
Incisive. Demonstrates analytical or critical thinking skills.	4	3	2	1
Reliable. Meets assignment deadlines, is punctual, takes responsibility seriously	4	3	2	1
Demonstrates Initiative. Self-motivated, does not wait to be asked, can work independently.	4	3	2	1
Team player. Is able to work with others, shows respect and tolerance, is a positive influence.	4	3	2	1
Thorough. Produces consistent, high-quality work.	4	3	2	1
Positive attitude. Enthusiastic, actively engaged, curious, accepts challenges.	4	3	2	1
Organized. Manages time, materials, tasks, and comes prepared for class.	4	3	2	1
Persistent. Stays on task, focused.	4	3	2	1
Creative, innovative. Can think outside the box, adaptable.	4	3	2	1

☐ **Strongly** Recommend ☐ Recommend ☐ Recommend w/reservations ☐ Do **NOT** recommend

Please include any specific comments that may help us determine if this student is truly motivated to handle the academic rigor of a high school specialty program (use the back of paper as needed).

Teacher's signature _____ Date _____

Check the program(s) you are applying for below:

☐ Academy of the Arts (BTW) ☐ Academy of Leadership & Military Science (LTHS) ☐ IB Program (GHS)
☐ Leadership Center for the Sciences & Engineering (NHS) ☐ Medical & Health Specialties Program (MHS)

V. TEACHER RECOMMENDATION FORM

(2)

SUBJECT: ☐ Math ☐ Science ☐ English ☐ General / Foreign Lang

Student Name: _____ School: _____

Guidance Counselor Name: _____

Dear Teacher:

Thank you for taking the time to complete this recommendation. When finished, return the form in a sealed envelope to the student or the counselor listed above before January 31, 2018. Please do not send this form directly to the High School Specialty Program.

Teacher Name: _____ Course: _____

Please rate the student's performance based on observations in your class.

Performance Characteristic	Excellent / Almost Always	Good / Satisfactory	Occasionally / Rarely	Poor/ Never
Learns quickly. Grasps and relates concepts easily.	4	3	2	1
Incisive. Demonstrates analytical or critical thinking skills.	4	3	2	1
Reliable. Meets assignment deadlines, is punctual, takes responsibility seriously	4	3	2	1
Demonstrates Initiative. Self-motivated, does not wait to be asked, can work independently.	4	3	2	1
Team player. Is able to work with others, shows respect and tolerance, is a positive influence.	4	3	2	1
Thorough. Produces consistent, high-quality work.	4	3	2	1
Positive attitude. Enthusiastic, actively engaged, curious, accepts challenges.	4	3	2	1
Organized. Manages time, materials, tasks, and comes prepared for class.	4	3	2	1
Persistent. Stays on task, focused.	4	3	2	1
Creative, innovative. Can think outside the box, adaptable.	4	3	2	1

☐ **Strongly** Recommend ☐ Recommend ☐ Recommend w/reservations ☐ Do **NOT** recommend

Please include any specific comments that may help us determine if this student is truly motivated to handle the academic rigor of a high school specialty program (use the back of paper as needed).

Teacher's signature _____ Date _____

Check the program(s) you are applying for below:

☐ Academy of the Arts (BTW) ☐ Academy of Leadership & Military Science (LTHS) ☐ IB Program (GHS)
☐ Leadership Center for the Sciences & Engineering (NHS) ☐ Medical & Health Specialties Program (MHS)

V. TEACHER RECOMMENDATION FORM

(3)

SUBJECT: ☐ Math ☐ Science ☐ English ☐ General / Foreign Lang

Student Name: _____ School: _____

Guidance Counselor Name: _____

Dear Teacher:

Thank you for taking the time to complete this recommendation. When finished, return the form in a sealed envelope to the student or the counselor listed above before January 31, 2018. Please **do not** send this form directly to the High School Specialty Program.

Teacher Name: _____ Course: _____

Please rate the student's performance based on observations in your class.

Performance Characteristic	Excellent / Almost Always	Good / Satisfactory	Occasionally / Rarely	Poor/ Never
Learns quickly. Grasps and relates concepts easily.	4	3	2	1
Incisive. Demonstrates analytical or critical thinking skills.	4	3	2	1
Reliable. Meets assignment deadlines, is punctual, takes responsibility seriously	4	3	2	1
Demonstrates Initiative. Self-motivated, does not wait to be asked, can work independently.	4	3	2	1
Team player. Is able to work with others, shows respect and tolerance, is a positive influence.	4	3	2	1
Thorough. Produces consistent, high-quality work.	4	3	2	1
Positive attitude. Enthusiastic, actively engaged, curious, accepts challenges.	4	3	2	1
Organized. Manages time, materials, tasks, and comes prepared for class.	4	3	2	1
Persistent. Stays on task, focused.	4	3	2	1
Creative, innovative. Can think outside the box, adaptable.	4	3	2	1

☐ Strongly Recommend ☐ Recommend ☐ Recommend w/reservations ☐ Do **NOT** recommend

Please include any specific comments that may help us determine if this student is truly motivated to handle the academic rigor of a high school specialty program (use the back of paper as needed).

Teacher's signature _____ Date _____

Check the program(s) you are applying for below:

☐ Academy of the Arts (BTW) ☐ Academy of Leadership & Military Science (LTHS) ☐ IB Program (GHS)
☐ Leadership Center for the Sciences & Engineering (NHS) ☐ Medical & Health Specialties Program (MHS)

V. TEACHER RECOMMENDATION FORM

(4)

SUBJECT: ☐ Math ☐ Science ☐ English ☐ General / Foreign Lang

Student Name: _____ School: _____

Guidance Counselor Name: _____

Dear Teacher:

Thank you for taking the time to complete this recommendation. When finished, return the form in a sealed envelope to the student or the counselor listed above before **January 31, 2018**. Please **do not** send this form directly to the High School Specialty Program.

Teacher Name: _____ Course: _____

Please rate the student's performance based on observations in your class.

Performance Characteristic	Excellent / Almost Always	Good / Satisfactory	Occasionally / Rarely	Poor/ Never
Learns quickly. Grasps and relates concepts easily.	4	3	2	1
Incisive. Demonstrates analytical or critical thinking skills.	4	3	2	1
Reliable. Meets assignment deadlines, is punctual, takes responsibility seriously	4	3	2	1
Demonstrates Initiative. Self-motivated, does not wait to be asked, can work independently.	4	3	2	1
Team player. Is able to work with others, shows respect and tolerance, is a positive influence.	4	3	2	1
Thorough. Produces consistent, high-quality work.	4	3	2	1
Positive attitude. Enthusiastic, actively engaged, curious, accepts challenges.	4	3	2	1
Organized. Manages time, materials, tasks, and comes prepared for class.	4	3	2	1
Persistent. Stays on task, focused.	4	3	2	1
Creative, innovative. Can think outside the box, adaptable.	4	3	2	1

☐ Strongly Recommend ☐ Recommend ☐ Recommend w/reservations ☐ Do **NOT** recommend

Please include any specific comments that may help us determine if this student is truly motivated to handle the academic rigor of a high school specialty program (use the back of paper as needed).

Teacher's signature _____ Date _____

Check the program(s) you are applying for below:

☐ Academy of the Arts (BTW) ☐ Academy of Leadership & Military Science (LTHS) ☐ IB Program (GHS)
☐ Leadership Center for the Sciences & Engineering (NHS) ☐ Medical & Health Specialties Program (MHS)

VI. MIDDLE SCHOOL COUNSELOR RECOMMENDATION FORM

Guidance Counselor Name (*print*): _____

Student Name: _____ School: _____

Dear Counselor:

Thank you for taking the time to provide a better understanding of the applicant's potential.

How long have you been this student's guidance counselor? _____

How familiar are you with this student and his/her work ethic?

- ☐ Very familiar ☐ Somewhat familiar, but not comfortable recommending
☐ Familiar ☐ Not familiar at all

Do you feel this applicant would be successful in an academically challenging program?

- ☐ Yes- **Strongly** Recommend ☐ OK - Recommend w/reservations ☐ **Do not know**
☐ Yes - Recommend ☐ No - Do **NOT** recommend

Performance Characteristic	Excellent / Almost Always	Good / Satisfactory	Occasionally / Rarely	Poor/ Never
Is goal orientated and serious about work	4	3	2	1
Demonstrates leadership in school activities.	4	3	2	1
Exhibits self-discipline	4	3	2	1

Regarding Attendance:

It is essential for a student to attend class as much as possible in order to be successful in any HSSP. . If you are aware that this student has had attendance issues anytime during his/her middle school years, were there extenuating circumstances? **YES** ____ **NO** ____ . If YES, please describe briefly (*illness, surgery, relocation, etc.*).

Discipline Record: ☐ Yes, see attached ☐ No discipline record

Academy of the Arts Applicants Only—Check Focus Area:

- ☐ Dance ☐ Instrumental Music ☐ Theatre ☐ Visual Arts ☐ Vocal Music

Please include any additional comments you feel would be helpful as we consider this applicant _____

Counselor's Signature: _____ **Date:** _____

Note to Counselor: Please use the Application Checklist provided to insure all items are included in the student's application packet, including a copy of his/her middle school grades, test scores, attendance, and discipline records.

Check the program(s) you are applying for below:

- ☐ Academy of the Arts (BTW) ☐ Academy of Leadership & Military Science (LTHS) ☐ IB Program (GHS)
☐ Leadership Center for the Sciences & Engineering (NHS) ☐ Medical & Health Specialties Program (MHS)