

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.

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:

Academy of the Arts (BTW)

Academy of Leadership & Military Science (LTHS)

IB Program (GHS)

Leadership Center for the Sciences & Engineering (NHS)

Norfolk Public Schools High School Specialty Programs

Important Dates and Deadlines for Specialty Programs

Deadline to submit application parts to your school counselor
Deadline for middle schools to send completed applications to Specialty Programs.
Test and Essay at Granby for all applicants for the IB Program
Invitations for candidates to interview or test sent to applicants
Testing for select applicants for MHSP applicants @ Maury High, 9:00 am-12:00 pm
Interview and Writing Prompt at Lake Taylor High, 5:00-9:00 pm
Auditions/Portfolio Preview & Essay at Booker T Washington, 9:00 am-12:00 pm
Testing and Essay for select LCSE applicants at Norview High, 9:0011:45 am
Final Notifications mailed to all applicants
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
- Passing scores on all 8th grade SOL exams
- Required Summer Orientation Camp for accepted students- dates tbd

• 2.0 gpa minimum required

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

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

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 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	Norfolk, VA	Zip Code
Home Phone #:		Mobile/Cell Phone #	
Work Phone #:	Mother or Father	Best Contact # (circle one): Home	Cell Work
Counselor's Name	:	Zoned High School:	
Parent Name:			
Parent Email Addro	ess:		
Parent Email Addro	ess #2 (optional):		
Student's Email Ad	dress:		
II. PARENTA	L SUPPORT AGREEMEN	IT	
requirements and	academic rigor for this high scho	udent and I have discussed the admissio ool specialty program. If selected, I agre nool the support necessary to ensure su	e to give my
	Parent's Signature	Date	
	Student's Signature	Date	
Academy of the Art	s) you are applying for below: (BTW) Academy of Leaders (er for the Sciences & Engineering (NH:	· · · · · —	ogram (GHS) gram (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	n(s)	vou are	applyi	ng for	below:
	10		appiyi		NCIOII.

Academy of the Arts (BTW)

Academy of Leadership & Military Science (LTHS)

🗌 IB Program (GHS)

Leadership Center for the Sciences & Engineering (NHS)

IV. TEACHER RECOM	(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 <u>January 31, 2018</u>. Please <u>do not</u> 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 v	v/reservations	🗌 Do NOT re	ecommend	
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)

V. TEACHER RECOM	1 MENDATION F	ORM	(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 <u>January 31, 2018</u>. Please <u>do not</u> 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 v	v/reservations	🗌 Do NOT re	ecommend	
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 Leadership & Military Science (LTHS)

IB Program (GHS)

Leadership Center for the Sciences & Engineering (NHS)

V. TEACHER RECO	MMENDATION	(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 you<u>r class.</u>

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					
andle 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)

V. TEACHER REG	COMMENDATION	Form	(4)
SUBJECT: 🗌 Math	Science	English	🗌 General / Foreign Lang
Student Name:		So	chool:

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 <u>January 31, 2018</u>. Please <u>do not</u> 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 v	v/reservations	🗌 Do NOT re	ecommend	
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).					
Feacher's signature		Date			

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

] Academ	v of the	Arts	(BTW)
Acaucin	y or the	AILS	

Academy of Leadership & Military Science (LTHS)

IB Program (GHS)

Leadership Center for the Sciences & Engineering (NHS)

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 No	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 this student has had attendance issues anytime durin YES NO If YES, please describe briefly (<i>I</i>	ng his/her middle sch	iool years, were tl	•				
Dissipling Records Ves. see attached				<u> </u>			

Discipline Record: Yes, see attached No discipline record							
Academy of the Arts Applicants Onl	y—Check Focus Area:						
Dance Instrumenta	l Music 🛛 Theatre	Visual Arts	Vocal Music				
Please include any additional comm	ents you feel would be helpfu	I as we consider this applicat	nt				
Counselor's Signature:		Date:					
Note to Counselor: Please use the	•• •						
packet, including a copy of his/her r		es, attendance, and aiscipling	e recorus.				
Check the program(s) you are a	oplying for below:						
Academy of the Arts (BTW)	Academy of the Arts (BTW)						
Leadership Center for the Sci	ences & Engineering (NHS)	Medical & Health S	Specialties Program (MHS)				