

Norfolk Public Schools High School Specialty Programs APPLICATION PACKET 2021

Thank you for interest in applying for one or more of the NPS High School Specialty Programs for 2021-2022. Please review the application and follow the directions accordingly. Rank your program choices 1 to 3 at the bottom of this page in the order of preference or write NA if not interested in a specific program.

Students are to turn in their completed application to their middle school counselor by **January 22, 2021**. **Teachers should turn in recommendations to the counselors by the same date.** Please review the next page for important dates and information for each program.

***** 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 2021-2022. **All non-NPS student applications** may be submitted or mailed to the Office of Academic Rigor at the Rosemont Center, 7000 W. Tanner's Creek Dr. Room 318, Norfolk, VA 23513 no later than January 22, 2021.

Student must rank their priority (1 through 3) for acceptance. 1 is your highest priority and 3 would be your lowest priority. Write NA if not interested or eligible for a specific program. Please note that if an applicant is offered a slot at one of the ranked schools that it is the expectation that the offer will be accepted.

- ___ Academy of the Arts (Booker T. Washington High School)
 - ___ Academy of Leadership and Military Science (Lake Taylor High School)
 - ___ International Baccalaureate Diploma Program (Granby High School)
 - ___ Leadership Center for the Sciences and Engineering (Norview High School)
 - ___ Medical and Health Specialties (Maury High School)
-

Counselor Checklist:

1. Application Checklist (This cover sheet) along with Program Ranking/Choice Sheet
2. Applicant Information Sheet
3. Parental Support Agreement
4. Student Questionnaire (Handwritten by student in black or blue ink)
5. Teachers Recommendations from the following subjects:
 - Mathematics
 - Sciences
 - English
 - General (IB Program Requires Foreign Language)
6. School Counselor Recommendation and Documentation Checklist

1. APPLICATION CHECKLIST/COVER SHEET/PROGRAM RANKING

Use the checklist above to guide you through the process. Incomplete applications will not be considered. Please print in black or blue ink. Applications in pencil will not be accepted.

Student's Name: _____

Current School: _____

Counselor Submitting Application: _____

Norfolk Public School High School Specialty Program

Important Dates and Deadlines for Specialty Programs

11/5/20	High School Specialty Program Showcase Night/Applications Released
1/22/21	Deadline to submit application parts to your school counselor
2/5/21	Deadline for middle schools counselor to send completed applications to Specialty Programs Review Committee
3/5/21	Invitations for candidates to interview or test sent to applicants
3/6/21	Auditions/Portfolio Preview & Essay at Booker T Washington, 9:00 am-12:00 pm
3/17/21	Interview and Writing Prompt at Lake Taylor High, 4:30-7:30 pm
3/20/21	Unified Test for Granby/Maury/Norview @ Norview High School 9:00 am-12:00 pm
4/25/21	Final Notifications mailed to all applicants
5/3/21	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: Angela Burns — adburns@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.— appointments will be mailed
- B average minimum required
- Pass all 8th grade SOL, and no high school credits required.
- Audition/Portfolio and Essay March 6, 2021, 9:00 am by invitation only
- Open House- 1/12/21 @ 6:00 p.m.

Academy of Leadership and Military Science Lake Taylor High School Contact: Master Chief Charles Clarke — cclarke2@nps.k12.va.us

- Current sports physical required
- Interview & Essay @ Lake Taylor; March 17, 2021 4:30-7:30 pm – by invitation only
- 2.0 GPA minimum required
- Passing scores on all 8th grade SOL exams
- Required Summer Orientation Camp for accepted students- dates TBD
- Open House – 1/13/21 @ 6:00pm

**Leadership Center for the Sciences and Engineering
Norview High School
Contact: Katherine Arroyo—kiarroyo@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

Dates and Info:

- Testing and Essay March 20, 2021 at Norview by invitation only.
- LCSE invites 50 students to attend each year
- Accepted students meet with Ms. Arroyo to set up schedule in May/June
- Accepted students attend a 4 day Summer orientation Camp in mid-August (no cost)
- Open House – 1/19/21@ 6:00pm

**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 2nd World language- French, Latin, or Spanish
- High School credit science preferred
- Positive teacher recommendations
- Successful entrance testing completed

**Students who do not meet the world language requirement due to school schedule conflict should still apply and contact Mrs. Gardner*

Dates and Info:

- Test and Essay March 20, 2021 at Norview by invitation only.
- 60 students are accepted each year
- Open House – 1/7/21@ 6:00pm

**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
- Test and Essay March 20, 2021 at Norview by invitation only.

Dates and Info:

- 50 students are accepted each year
- Half-day orientation program for accepted freshmen to be held in August. Date to be determined.
- Open House – 1/14/21 @ 6:00pm

2. STUDENT INFORMATION

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 # (Check One): Home Cell Work
Mother or Father

Counselor's Name: _____ Zoned Middle School: _____

Parent/Legal Guardian's Name: _____

Parent/Legal Guardian's Email Address: _____

Parent/Legal Guardian's Email Address #2 (optional): _____

Student's Email Address: _____

3. PARENTAL SUPPORT AGREEMENT

The applicant information above is correct. My student and I have discussed the admission requirements and academic rigor for the high school specialty program(s) in which applying. If selected, I agree to give my student, the faculty, and staff of the respective school the support necessary to ensure success. I further agree to attend any required further information sessions required by the program if my student is accepted, as well as to sign any addition agreements or expectation forms for that program.

Student's Signature: _____ Date: _____

Parent/Legal Guardian Signature: _____

Date: _____

4. STUDENT QUESTIONNAIRE

Please answer each question clearly - neatness, accuracy, and details count. Answers must be in the student's own handwriting (printed or cursive) and written in black or blue ink.

Student's 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? Why?

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

5-1. TEACHER RECOMMENDATION FORM

MATH

SCIENCE

ENGLISH

GENERAL/FOREIGN LANG

Student's Name: _____

Current School: _____

School Counselor's Name: _____

Dear Teacher:

The student listed above has applied for at least one of the High School Specialty Academic Programs. When evaluating the student, please evaluate based off of their ability to be successful in one of these programs. Thank you for taking the time to complete this recommendation. When finished, return the recommendation to the school counselor listed above before January 22, 2021. Please ***do not*** send this form directly to the High School Specialty Program.

Teacher's 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 _____

5-2. TEACHER RECOMMENDATION FORM

 MATH

 SCIENCE

 ENGLISH

 GENERAL/FOREIGN LANG

Student's Name: _____

Current School: _____

School Counselor's Name: _____

Dear Teacher:

The student listed above has applied for at least one of the High School Specialty Academic Programs. When evaluating the student, please evaluate based off of their ability to be successful in one of these programs. Thank you for taking the time to complete this recommendation. When finished, return the recommendation to the school counselor listed above before January 22, 2021. Please do not send this form directly to the High School Specialty Program.

Teacher's 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 _____

5-3. TEACHER RECOMMENDATION FORM

 MATH

 SCIENCE

 ENGLISH

 GENERAL/FOREIGN LANG

Student's Name: _____

Current School: _____

School Counselor's Name: _____

Dear Teacher:

The student listed above has applied for at least one of the High School Specialty Academic Programs. When evaluating the student, please evaluate based off of their ability to be successful in one of these programs. Thank you for taking the time to complete this recommendation. When finished, return the recommendation to the school counselor listed above before January 22, 2021. Please do not send this form directly to the High School Specialty Program.

Teacher's 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 _____

5-4. TEACHER RECOMMENDATION FORM

MATH

SCIENCE

ENGLISH

GENERAL/FOREIGN LANG

Student's Name: _____

Current School: _____

School Counselor's Name: _____

Dear Teacher:

The student listed above has applied for at least one of the High School Specialty Academic Programs. When evaluating the student, please evaluate based off of their ability to be successful in one of these programs. Thank you for taking the time to complete this recommendation. When finished, return the recommendation to the school counselor listed above before January 22, 2021. Please do not send this form directly to the High School Specialty Program.

Teacher's 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 _____

5-5. TEACHER RECOMMENDATION FORM

 MATH

 SCIENCE

 ENGLISH

 GENERAL/FOREIGN LANG

Student's Name: _____

Current School: _____

School Counselor's Name: _____

Dear Teacher:

The student listed above has applied for at least one of the High School Specialty Academic Programs. When evaluating the student, please evaluate based off of their ability to be successful in one of these programs. Thank you for taking the time to complete this recommendation. When finished, return the recommendation to the school counselor listed above before January 22, 2021. Please do not send this form directly to the High School Specialty Program.

Teacher's 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 _____

6. MIDDLE SCHOOL COUNSELOR RECOMMENDATION FORM

Student's Name: _____

Current School: _____

School Counselor's Name: _____

Dear School Counselor:

Thank you for taking the time to provide a better understanding of the applicant's potential in being successful in one of the High School Specialty Academic Programs.

How long have you been this student's school 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

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

- Student Synergy Profile Page School Discipline History Report
 Student Attendance Report Academic Record (Report Cards – 7th & 8th Grade)
 Testing Report to Include SOL, other Standardized Test Scores

All students - Include reports even if no incidences or no absences. Non-NPS students should include as many of the documents above as possible.

Academy of the Arts Applicants Only—Check Focus Area:

- Dance Instrumental Music Theatre Visual Arts Vocal Music

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