

Norfolk Public Schools  
**NORSTAR Program**  
Rising 9<sup>th</sup>/10<sup>th</sup> grade students  
**APPLICATION PACKET 2019**

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Thank you for your interest in the NORSTAR program. This amazing STEM infused program is sponsored by the Office of Career and Technical Education and the Office of Academic Rigor. Please review the application and follow the directions accordingly. All students must turn in their completed application and recommendations to their school counselor by **March 25, 2019**. Each counselor will then attach additional supporting documentation and submit the entire packet to the Office of Academic Rigor no later than **April 1, 2019**. Final NORSTAR acceptances will be made by **May 6, 2019**.

### APPLICATION CHECKLIST

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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. \_\_\_\_\_ Two Teachers' Recommendations from the following subjects:  
      \_\_\_\_\_ Mathematics  
      \_\_\_\_\_ Science
4. \_\_\_\_\_ School Counselor Recommendation
5. \_\_\_\_\_ *For Counselor:* A copy of the student's middle school or 9<sup>th</sup> grade grades, test scores, attendance, and discipline records
6. \_\_\_\_\_ This Checklist

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

**School Counselor:** This student is applying to Norfolk Public School's NORSTAR Program for the year 2019-20. Please send the completed packet to the Office of Academic Rigor at the Rosemont Center. Attention: Karla Stead.

## Norfolk Public Schools NORSTAR Program

### Important Dates and Deadlines for the NORSTAR Program

- 3/25/19.....Deadline to submit application parts to your school counselor
- 4/1/19.....Deadline for middle/high schools to send completed applications to the Office of Academic Rigor.
- 4/8/19-4/22/19.....Student Interviews
- 5/1/19.....Final Notifications mailed to all applicants
- 5/15/19.....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 9/10th grader and a Norfolk resident in one of our district's five high schools in September of the 2017-18 school year.
- 3.0 GPA or higher Cumulative average
- Good discipline and attendance records
- 1 high school credit for Algebra I
- 2 Positive Teacher Recommendations
- School Counselor Recommendation
- Strong Standardized Test Scores
- Successfully passing SOL's

## APPLICANT INFORMATION

Please print clearly.

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: \_\_\_\_\_

## PARENTAL SUPPORT AGREEMENT

The applicant information above is correct. My child and I have discussed the admission requirements, field trips, possible travel for competitions and academic rigor for the NORSTAR Program. If selected, I agree to give my child, the faculty, and staff of Norfolk Technical Center the support necessary to ensure success.

\_\_\_\_\_  
Parent's Signature Date

\_\_\_\_\_  
Student's Signature Date

# STUDENT QUESTIONNAIRE

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

Your Name: \_\_\_\_\_

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

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2. What are your favorite subject(s) in school and what are your post-secondary college and career goals?

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3. What strengths do you have that will enable you to be successful in a challenging NORSTAR program?

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# TEACHER RECOMMENDATION FORM (1 SCIENCE/ 1 MATH REQUIRED) (1)

SUBJECT:  Math  Science

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 27, 2017. Please do not send this form directly to the NORSTAR 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 which may help us determine if this student is truly motivated to handle the academic rigor of the NORSTAR Program.

Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_

# TEACHER RECOMMENDATION FORM (1 SCIENCE/ 1 MATH REQUIRED) (2)

SUBJECT:  Math  Science

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 27, 2017. Please do not send this form directly to the NORSTAR 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 which may help us determine if this student is truly motivated to handle the academic rigor of the NORSTAR Program.

Teacher's signature \_\_\_\_\_ Date \_\_\_\_\_

# 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 enough                                       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 the NORSTAR Program. If this student was absent for more than 6 days during 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 \_\_\_\_\_

**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/9<sup>th</sup> grade school grades, test scores, attendance, and discipline records.*