LAKE NONA HIGH SCHOOL ACADEMY APPLICATION

STUDENT INFORMATION

STUDENT NAME		DOB
ADDRESS		
CITY	STATE	ZIP
PARENT NAME		
HOME PHONE		WORK PHONE
SCHOOL ATTENDING	S7	TUDENT #
PLEASE CHECK ALL OF TH	IE ACADEMIES	THAT YOU ARE APPLYING FO
DIGITAL MEDIA ACADEMY		
*Please specify the track you are i	nterested below:	
	3D Animation	
	Digital Design	
	Digital Video Pr	roduction
ACADEMY OF ENGINEERING	-	
	ES	
COLLEGIATE ACADEMY		

THE COMPLETED APPLICATION FOR ALL ACADEMIES MUST INCLUDE THE FOLLOWING INFORMATION:

This information only needs to be completed <u>once</u> even if you are applying to more than 1 academy.

- ✓ Student Information Sheet
- ✓ The student Goal Statement (included in this packet)
- \checkmark Copy of 1st semester report card for this school year
- ✓ Three teacher recommendations (current English, Math, Science, Social Studies) sent by teacher directly to the Lake Nona High School Student Services Department

COLLEGIATE ACADEMY APPLICATIONS MUST ALSO INCLUDE:

- ✓ <u>Graded Writing Sample</u> from an assignment that you have completed during the current school year. This sample must come from an academic course that you are currently taking.
- ✓ Copy of your most recent FSA and/or standardized test scores
- ✓ Signed Statement of Intent for the Collegiate Academy

Complete Applications must be submitted to the Lake Nona High School Student Services Department by <u>Wednesday February 14, 2018 at 2:30 p.m.</u>

• Teacher Recommendations will be sent separately and are not required to be included with the Application.

LAKE NONA HIGH SCHOOL EDUCATION GOAL STATEMENT

 Student Name
 Date

Directions: On this provided form, please write a formal statement of your educational goals including an explanation of the following.

- Your areas of career interest
- Your reasons for participating in the Academy that you have chosen
- At least one specific academic experience that illustrates your strengths as a student



Lake Nona High School Academy Teacher Recommendation

Note: Please print all of your information prior to giving the form to your teacher.

STUDENT NAME:	TEACHER:
SCHOOL NAME:	SUBJECT:

Please use the following rating scale when completing the descriptors for this student.

- 5=Exhibits this trait to an exceptional degree
- 4=Exhibits this trait consistently
- 3=Exhibits this trait frequently
- 2=Exhibits this trait occasionally
- 1=Exhibits this trait rarely

Learns quickly with good retention			
Is a keen and alert observer			
Is sensitive to clock and calendar deadlines			
Works well in group settings			
Demonstrates strong skills in this subject area			
Is a self-starter			
Is rarely absent and always punctual			
Is highly motivated with a positive attitude about learning			
Is persistent and complete with regard to assignments/class work			
Is prepared for class			
Seeks assistance and tutorials when necessary			
Shows responsibility/dependability/honesty			
Shows initiative independent of assignment requirement			
Demonstrates acceptable classroom behavior conducive to learning			

5

4

3

2

1

TOTAL

Please check one: (should correspond to total above) Please <u>do not</u> mark recommend with reservations or do not recommend without giving a comment. Any comment will be helpful.

	_I heartily recommend. (70-63)		I recommend. (62-49)
	I recommend with reservations. (48-35)		_I do not recommend. (<35)
Comments:			
	her information you feel would aid the select	· •	
Information	on this sheet will not be shared with anyone	other than the se	lection committee.
Teacher Sign	nature:		Date:
Planca	raturn your completed recommendation t	o vour I ako No	

Please return your completed recommendation to your Lake Nona Middle School counselor by February 12, 2018

Thank you! Your input is very valuable in this process.

Lake Nona High School Academy Teacher Recommendation

Note: Please print all of your information prior to giving the form to your teacher.

STUDENT NAME:	TEACHER:
SCHOOL NAME:	_SUBJECT:

Please use the following rating scale when completing the descriptors for this student.

- 5=Exhibits this trait to an exceptional degree
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- 3=Exhibits this trait frequently
- 2=Exhibits this trait occasionally

1=Exhibits this trait rarely

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I recommend with reservations. (48-35)	I do not recommend. (<35)

Comments:

If there is other information you feel would aid the selection committee, please use the back of this sheet. Information on this sheet will not be shared with anyone other than the selection committee.

Teacher Signature:	Date	
•		

Please return your completed recommendation to your Lake Nona Middle School counselor by February 12, 2018

Thank you! Your input is very valuable in this process.

Lake Nona High School Academy Teacher Recommendation

Note: Please print all of your information prior to giving the form to your teacher.

STUDENT NAME:	TEACHER:
SCHOOL NAME:	_SUBJECT:

Please use the following rating scale when completing the descriptors for this student.

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COLLEGIATE ACADEMY STUDENT/PARENT STATEMENT OF INTENT

I have read the Collegiate Academy information. I understand that meeting the eligibility requirement does not guarantee admission to the program and that the decision of the selection committee will be final. I recognize that I must maintain a high school cumulative unweighted GPA of 3.0 or better each year. Additionally, I understand that I will need to earn the required college ready assessment (PERT) scores to remain in the program after the 10th Grade school year.

The Collegiate Academy program is designed to meet Florida high school graduation requirements. I understand that should I leave the Collegiate Academy, I meet all graduation requirements as specified by Florida Statute and the Orange County Pupil Progression Plan in order to receive a Lake Nona High School diploma.

Signature of Student	Date
Signature of Parent	Date