

ORANGE COUNTY PUBLIC SCHOOLS
FREEDOM HIGH SCHOOL
MONTICELLO SCHOLAR ACADEMY OF EXCELLENCE

STUDENT INFORMATION

NAME _____ PHONE _____

STUDENT EMAIL ADDRESS: _____

ADDRESS _____ CITY _____

STATE _____ ZIP _____ DOB _____ SS# _____

MIDDLE SCHOOL ATTENDED _____ STUDENT # _____

THE COMPLETED APPLICATION MUST INCLUDE (please attach):

1. Student information sheet and Parent information sheet
2. Three letters of recommendations (English, Math, & Science teachers) in **sealed envelopes attached to the application itself**
3. For applicants from outside OCPS: Copy of your most recent standardized test scores
4. For applicants from outside OCPS: Copy of Grade 7 report card and the 1st semester report card for Grade 8

IN ADDITION:

You will provide a writing sample that will be completed the day you interview

All students from our feeder schools need to check that their applications are complete before returning to their counselors at their middle schools. **Their deadline is Thursday, March 27, 2008.**

Those students entering from private or out-of-county schools should bring their completed application to Ms. Hawley in the Guidance Office at Freedom High School or mail to her at the this address **by July 1, 2008 or upon enrollment:**

Ms. Deborah Hawley
Guidance Department
Freedom High School
2500 Taft-Vineland Rd.
Orlando, FL 32837

**ORANGE COUNTY PUBLIC SCHOOLS
FREEDOM HIGH SCHOOL
MONTICELLO SCHOLAR ACADEMY OF EXCELLENCE**

PARENT/GUARDIAN INFORMATION SHEET

FATHER/GUARDIAN NAME _____

ADDRESS _____

CITY/STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

FATHER's EMAIL ADDRESS: _____

MOTHER/GUARDIAN NAME _____

ADDRESS _____

(IF DIFFERENT)

CITY/STATE _____ ZIP _____

HOME PHONE _____ WORK PHONE _____

MOTHER's EMAIL ADDRESS: _____

STATEMENT OF INTENT

I have read the Monticello Scholar Academy of Excellence literature and commit my full support to my child's participation. I understand that meeting the eligibility requirements does not insure admission to the program and that the decision of the selection committee will be final. Should my child be accepted and need to further their Algebra I skills, my child may be required to repeat Algebra I in the ninth grade. **If my child is accepted to the program, I agree to support his/her participation for at least one year.** In addition, I recognize that my child will have to maintain an unweighted GPA of 3.25 or better each year to remain in the program.

I will insure that my child has uninterrupted study time daily and will supervise the use of the study time in the most productive way. I will also commit my support to the Monticello Scholar Academy of Excellence teachers by following their guidance regarding further study in order to insure my child's successful completion of the program he/she has chosen.

Successful completion of the Monticello Scholar Academy of Excellence program now qualifies Monticello Scholar Academy of Excellence students for high school graduation. I understand that should my child leave the Monticello Scholar Academy of Excellence, he/she must then meet all graduation requirements as specified by the Florida Statute and Orange County Pupil Progression Plan.

Signature of Parent/Guardian

Date

FREEDOM HIGH SCHOOL
MONTICELLO SCHOLAR ACADEMY OF EXCELLENCE
Teacher Recommendation

Note: Please print or type all information.

STUDENT NAME: _____ TEACHER: _____

MIDDLE SCHOOL: _____ 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

	5	4	3	2	1
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					

TOTAL _____

Please check one: (should correspond to total above) Please do not 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: _____

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 place in sealed envelope, sign across the seal and return to the student. We greatly appreciate your assistance in helping us identify the best candidates for this program.

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