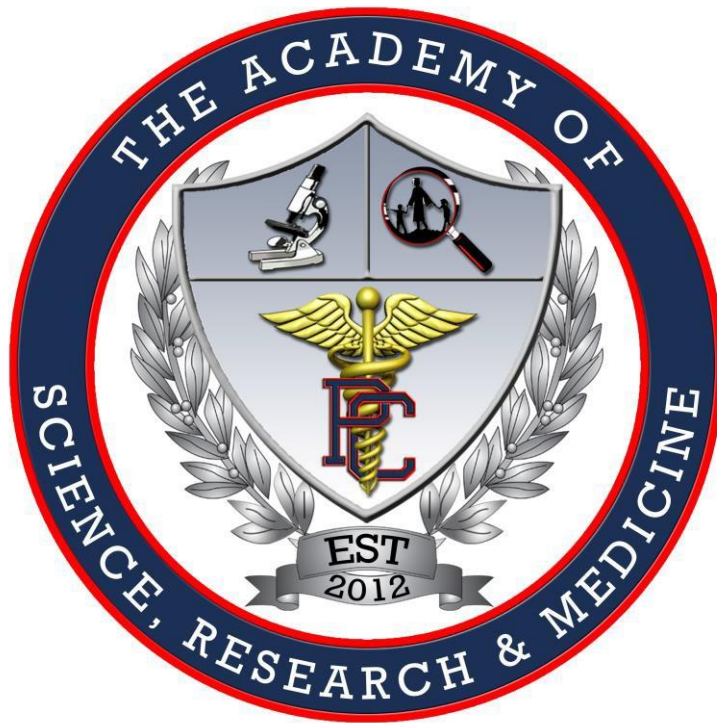


Paulding County High School

# The Academy of Science, Research, & Medicine Admissions Application Packet



2019-20

# The Academy of Science, Research, & Medicine Admission Application Checklist

Paulding County High School Academy of Science, Research, & Medicine seeks highly motivated students who are high achievers, academic risk-takers and are willing to pursue intellectual challenges. Our unique programs are designed for students who are curious, love to solve problems, are comfortable using technology, and can work independently as well as in a group setting.

Students seeking acceptance into the Academy should complete this application packet in its entirety and attach all requested documents except for the three recommendations which will be submitted online. **No partial application packets will be accepted. Application packets can be submitted between January 7, 2019 and February 1, 2019.** No early or late application packets will be accepted or considered for admission.

**To be considered for admission, a complete application packet must include all of the following documents:**

- Completed Admissions Application**
- Short Essay Question** (typed)  
The response must be completed and written solely by the student.
- Academy Contract** - initialed and signed by the student and a parent/guardian.
- Milestone Score Report** - attach a copy of the student's 7<sup>th</sup> Grade Milestone Score Report - a copy can be obtained from current school.
- PSAT 8/9** - attach a copy of the student's 8<sup>th</sup> Grade PSAT Score Report - a copy can be obtained from current School.
- Lexile Score** - attach a copy of the student's most recent Lexile Score Report.
- Attendance Report** - attach a copy of the students' attendance report from current school (6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> Grade)
- Discipline Report** - attach a copy of the student's discipline report from current school (6<sup>th</sup>, 7<sup>th</sup> & 8<sup>th</sup> Grade)
- Report Card** - attach a copy of the student's most recent 8<sup>th</sup> grade report card (end of fall semester)
- Submit Admissions Application Packet** in its entirety to the counseling department at PCHS between January 7<sup>th</sup> and February 1<sup>st</sup>, 2019
- Three Recommendation Forms:**
  - One from current 8<sup>th</sup> grade math teacher**
  - One from current 8<sup>th</sup> grade science teacher**
  - One from current teacher of your choice**Recommendation forms should be submitted **by the teacher** via the link sent out by the teacher's principal. Homeschool or Out-of-County teachers should email [mtaisee@paulding.k12.ga.us](mailto:mtaisee@paulding.k12.ga.us) to receive the recommendation form link.
- Student Interviews – to be scheduled after February 1<sup>st</sup> at your home middle school.**

Please be prepared to answer the following questions:

  - Describe a time when you felt challenged, unsuccessful, or overwhelmed. How did you handle that situation? What did you learn from the experience?
  - How would you describe your work habits? How do you manage your time so that you are successful? Consider both school and extracurricular activities in your response.
  - What makes you stand out as a student and how will this help you become a valuable addition to this program?



**PAULDING COUNTY HIGH SCHOOL  
ACADEMY OF SCIENCE, RESEARCH, & MEDICINE  
2019-2020 ADMISSIONS APPLICATION**

**STUDENT INFORMATION**

Last Name:		First Name:		Student ID#:	
Date of Birth:	Age:	Gender: Female <input type="checkbox"/> Male <input type="checkbox"/>		SS#:	
Home Phone:			Student Cell:		
Street Address:		City:		State:	ZIP Code:
Student E-mail:				Zoned High School:	

**CURRENT SCHOOL INFORMATION**

Current School:			School Phone:		
Street Address:			School Fax:		
City:		State:	Zip Code:		Public School: Yes <input type="checkbox"/> No <input type="checkbox"/>

**PARENT/GUARDIAN INFORMATION**

Mother/Guardian's Name:			Father/Guardian's Name:		
Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>			Legal Guardian: Yes <input type="checkbox"/> No <input type="checkbox"/>		
Street Address:			Street Address:		
City:		State:	Zip:	City:	
State:		State:		Zip:	
Mother's E-Mail:			Father's E-mail:		
Hm Phone:		Cell Phone:		Hm Phone:	
Wk Phone:		Cell Phone:		Wk Phone:	

**AWARDS & EXTRACURRICULAR ACTIVITIES**

Hobbies & Extracurricular Activities:
Awards & Accomplishments:

**ACADEMIC HISTORY**

Current Math Class (Check One)	Algebra 1 <input type="checkbox"/>	8 <sup>th</sup> Grade Math <input type="checkbox"/>	Other _____
Current English Class (Check One)	9 <sup>th</sup> Grade Literature <input type="checkbox"/>	8 <sup>th</sup> Grade English <input type="checkbox"/>	Other _____
Current Grade Foreign Language (Check One)	Spanish <input type="checkbox"/>	French <input type="checkbox"/>	None <input type="checkbox"/>
Other _____			
Student Receives Special Program Services	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

**RECOMMENDATIONS**

Student applicants are required to submit three recommendation forms. One recommendation from the current 8<sup>th</sup> grade Math teacher, one from the current 8<sup>th</sup> grade Science teacher, and one recommendation from a current teacher of your choice. Recommendations must be submitted online by each teacher. List the three evaluators in the space below.

Educator's Name:	E-mail:	Subject Taught:
Educator's Name:	E-mail:	Subject Taught:
Educator's Name:	E-mail:	Subject Taught:

**PARENT PERMISSION AND SIGNATURES**

I hereby submit this application for my child to be considered for admission to Paulding County High School Academy of Science, Research, & Medicine and give my permission for school officials to request and report my child's academic records when required. I understand that the screening committee will maintain the teacher information and test results in confidence. I also waive the right to access all recommendations.

Signature of Student Applicant:	Date:
Signature of Parent/Guardian:	Date:

<b>For Office Use Only:</b>	<b>Application Accepted</b> <input type="checkbox"/> <b>Rejected</b> <input type="checkbox"/>
Date Application Received: _____ Date Notified of Receipt: _____	Date Acceptance Letter Sent: _____ Date Acceptance Received: _____

## Short Essay Question

**Directions:** The response must be original work by the student. The submitted document must be typed in MLA format.

The Academy is designed for students who have an interest in math, science, research, and/or medicine. Explain what aspect of math, science, research and/or medicine you are interested in and why.

# Contract for Students and Parents

**Name of Student:** \_\_\_\_\_ Application for School Year 2019-2020

Paulding County High School Academy of Science, Research, & Medicine is a college preparatory program for students interested in healthcare, science and research. The standards and expectations for attending the school are detailed in specific guidelines for conduct and academic achievement. These standards and expectations are outlined in this contract.

**Please read carefully.  
Both the student and parent(s) must initial  
each expectation and sign below.**

**Initials**  
**Student Parent**

- |       |       |  |
|-------|-------|--|
| _____ | _____ | 1. I will attend school daily, arrive promptly and remain throughout the scheduled hours.  |
| _____ | _____ | 2. I will cooperate with the faculty and staff of Paulding County High School, my peers, liaison personnel and community partners by conducting myself in a respectful manner.   |
| _____ | _____ | 3. I will successfully complete all class work, homework, and assignments to meet standards.   |
| _____ | _____ | 4. I will complete my program of study.  |
| _____ | _____ | 5. I will set aside a minimum of three hours of uninterrupted study time daily.  |
| _____ | _____ | 6. I will maintain a minimum grade of 70 (unweighted) for AP courses, a minimum grade of 75 (unweighted) for honors courses, and a minimum grade of 80 in all other courses. Grades will be monitored and analyzed each grading period. Failure to meet this criterion will result in probation and if not corrected may require reassignment to my zone school. |
| _____ | _____ | 7. I will respect and care for all equipment, supplies and other school property entrusted to me and pay for any damages or loss.  |
| _____ | _____ | 8. I will maintain the highest standards of honesty and integrity, and will abide by the rules and regulations of the PCHS Student Handbook and the Paulding County Board of Education Code of Student Conduct and Discipline.   |
| _____ | _____ | 9. I will abide by the dress code of the Academy and the Paulding County Board of Education Code of Student Conduct and Discipline.  |
| _____ | _____ | 10. I will adhere to the policies of Georgia High School Association for competitive activities.   |
| _____ | _____ | 11. I will not seek readmission to the PCHS Academy if I am withdrawn for any reason.  |
| _____ | _____ | 12. I will adhere to the policies, rules and guidelines of both Paulding County High School and its community partners.  |
| _____ | _____ | 13. I will actively participate in the Career Tech Student Organization (CTSO) associated with my chosen career pathway and school.  |

The privilege of attending Paulding County High School Academy of Science, Research, & Medicine depends upon the personal responsibility, commitment, and dedication of both the student and the parent. I understand and will adhere to the standards and expectations of this contract. Failure to meet any of the above criteria may require reassignment of the student to his/her zone school. This contract will be upheld as long as the student remains in the program.

Signature of Student Required: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent Required: \_\_\_\_\_ Date: \_\_\_\_\_

Paulding County High School  
Academy of Science, Research, & Medicine  
**Affidavit**

\_\_\_\_\_ (Name of Legal Parent/Guardian) personally appeared before the undersigned attesting officer fully authorized to administer oaths in the State of Georgia, the undersigned, who after being duly sworn, does depose and say on oath as follows:

- Both the student and parent or guardian are bona fide residents of and domiciled in Paulding County, Georgia.
- I further understand and agree that two official documents establishing Paulding County Residency must be presented with the application and at registration each year. Preferable evidence is homestead exemption, ad valorem tax bill or voter registration. Where not available, school officials will cooperate with parents in determining appropriate documentation to establish residency.
- Additionally, if either, the student or parent/guardian, or both, ceases to be a bona fide resident of Paulding County, the school shall be promptly notified, to allow a prompt determination as to whether the student remains eligible to attend this school.

\_\_\_\_\_  
Signature of Parent/Guardian

Sworn to and subscribed before

me this \_\_\_\_\_ day of \_\_\_\_\_, 2019.

\_\_\_\_\_  
Notary Public

Please return this application packet to:

**Paulding County High School  
C/O Robin Davis**

Paulding County High School  
The Academy of Science, Research, & Medicine  
1297 Villa Rica Highway  
Dallas, Georgia 30157

**APPLICATION DEADLINE:**

All applications must be received or postmarked between  
**Monday, January 7, 2019 and Friday, February 1, 2019**  
**By 4:00 p.m.**