

## SELECT SCHOOLS APPLICATION

THIS SHEET IS TO BE COMPLETED BY PARENT/LEGAL GUARDIAN AND DELIVERED TO THE MAGNET ACADEMY TO WHICH YOU ARE APPLYING ON THE DATE YOU RECEIVE THIS APPLICATION.

Student Name \_\_\_\_\_

Parent Name (s) \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. City Zip Code

Home phone \_\_\_\_\_ Parent's e-mail address \_\_\_\_\_

Father's work # \_\_\_\_\_ Mother's work # \_\_\_\_\_

Mobile # \_\_\_\_\_

Date of Birth \_\_\_\_\_

Present Grade for 2004-2005 \_\_\_\_\_ School attended for 2004-2005 \_\_\_\_\_

School assigned for 2005-2006 \_\_\_\_\_

Full Names and ages of siblings and schools they attend:

Sibling 1 \_\_\_\_\_ School he/she attends \_\_\_\_\_

Sibling 2 \_\_\_\_\_ School he/she attends \_\_\_\_\_

Sibling 3 \_\_\_\_\_ School he/she attends \_\_\_\_\_

Sibling 4 \_\_\_\_\_ School he/she attends \_\_\_\_\_

Sibling 5 \_\_\_\_\_ School he/she attends \_\_\_\_\_

You will be required to submit 3 teacher recommendations. Please list the names of the teachers below.

Teacher 1 \_\_\_\_\_ School \_\_\_\_\_

Teacher 2 \_\_\_\_\_ School \_\_\_\_\_

Teacher 3 \_\_\_\_\_ School \_\_\_\_\_

**FAILURE TO RETURN THIS FORM COULD JEOPARDIZE THE ABILITY TO PROCESS YOUR CHILD'S SELECT SCHOOL APPLICATION.**



# SELECT SCHOOLS

Greenville County Schools  
Greenville, South Carolina

## SELECT SCHOOLS APPLICATION

### PARENT CONSENT FORM

(Return this form to your current school.)

DATE: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

Dear Principal:

In order to complete the application process for my child to attend a magnet academy, I am requesting the following information be sent to \_\_\_\_\_ Academy as soon as possible.

1. A report card from the previous semester
2. A copy of the student's disciplinary file from the previous semester (Aug. - Dec. 21, 2004)
3. Attendance record from the previous semester (Aug. - Dec. 21, 2004)
4. Teacher recommendations from the student's current teachers (see form)\*  
*\*Note the requirements at the top of the teacher recommendation form*
5. **Homeschool SASI information sheet (student atom page 4)**

Thank you for your prompt attention to this matter. Application deadline is **January 28, 2005**. Supporting documentation should be submitted by home school within one week, ***but no later than Monday, January 31, 2005***. Please do not use district courier after January 21, 2005.

Parent/Guardian Name: \_\_\_\_\_

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

Daytime phone number: \_\_\_\_\_

Parent's E-mail address \_\_\_\_\_

\*Please deliver complete packet of supporting documentation with this cover sheet attached no later than January 31, 2005.

Report cards will be generated at the district level for students enrolled in Greenville County Schools.



**Greenville County Schools**  
**INTERNATIONAL BACCALAUREATE PROGRAM**  
**SOUTHSIDE HIGH SCHOOL**  
**GUIDANCE COUNSELOR RECOMMENDATION**

**The International Baccalaureate Program Design**

The International Baccalaureate (IB) Program is a comprehensive, rigorous, international curriculum, leading to examinations in grades 11 and 12. The IB Diploma curriculum offers students an academic experience that emphasizes critical thinking, intercultural awareness, excellent communication skills in more than one language, and exposure to a variety of perspectives. Students take coursework and corresponding examinations in six different subject areas; submit an Extended Essay, a research paper on a topic of the student's choice; take an interdisciplinary course called Theory of Knowledge; and complete 150 hours of community service. In the United States, the IB is valued as an honors program which leads to advanced standing and college credits at the world's finest colleges and universities.

STUDENT NAME: \_\_\_\_\_ is applying for admission to the International Baccalaureate Program at Southside High School and has chosen you as his/her Counselor reference. Please complete the form below and return it as soon as possible.

COUNSELOR NAME: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
 School: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_ Years      What is the student's grade level? \_\_\_\_\_

**CURRENT STUDENT SCHEDULE:** Indicate level (Regular, Advanced, Gifted, Honors)

PERIOD	COURSE TITLE	LEVEL
0		
1		
2		
3		
4		
5		
6		
7		

(or attach copy of schedule)

**ACADEMIC RECORD:** (or attach record)

Grade Seven (7) Grade Point Average, GPA, on a four point scale: \_\_\_\_\_

Grade Eight (8) GPA: \_\_\_\_\_      If applicable, Grade Nine (9) GPA: \_\_\_\_\_

TEST RECORD: (or attach record)

**PACT Math Score** \_\_\_\_\_ **English/Language Arts Score** \_\_\_\_\_

**Performance Level:** \_\_\_\_\_



**Greenville County Schools**  
**INTERNATIONAL BACCALAUREATE PROGRAM**  
**SOUTHSIDE HIGH SCHOOL**  
**PERSONAL REFERENCE FORM**

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STUDENT NAME: \_\_\_\_\_ is applying for admission to the International Baccalaureate Program at Southside High School and has chosen you as his/her personal reference. Personal references are individuals (e.g., minister, teachers, guidance counselors, coaches, administrators, scout leaders, mentors) who have knowledge of the student's talents and abilities. Please complete the form below and return it as soon as possible.

YOUR NAME: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_ Years

In what capacity have you worked with the student? \_\_\_\_\_

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*(over)*

**EVALUATION:**

Using the scale below, please rate the student on each of the items by placing a (✓) in the corresponding box to the right.

4 = Always   3 = Almost Always   2 = Sometimes   1 = Never   0 = Unable to judge on this item

ITEM	4	3	2	1	0
Demonstrates inquisitive nature					
Sensitive to clock and calendar deadline					
Benefits from and responds positively to constructive criticism					
Works well in group settings					
Exhibits emotional stability under demanding conditions					
Carries projects through to completion					
Demonstrates initiative and originality					
Maintains high motivational level					
Demonstrates ability to concentrate					
Demonstrates positive attitude toward others					

**Comments:**

Please comment on the applicant's interest in creative projects and activities.

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Please comment on the applicant's awareness of the world around him/her.

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Please make any additional comments regarding the applicant's suitability for this program.

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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

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**INTERNATIONAL BACCALAUREATE PROGRAM**

**Southside High School  
100 Blassingame Road  
Greenville, South Carolina 29605  
Fax: (864) 299-8481**

**Greenville County Schools**  
**INTERNATIONAL BACCALAUREATE PROGRAM**  
**SOUTHSIDE HIGH SCHOOL**  
**TEACHER RECOMMENDATION**  
**(Five Teacher Recommendations are required)**

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STUDENT NAME: \_\_\_\_\_ is applying for admission to the International Baccalaureate Program at Southside High School and has chosen you as his/her teacher reference. Please complete the form and return it as soon as possible.

YOUR NAME: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

How long have you known the student? \_\_\_\_\_ Years

In what capacity have you worked with the student? \_\_\_\_\_

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Title: \_\_\_\_\_

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