

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: _____

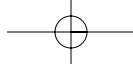
Grade Eight (8) GPA: _____ If applicable, Grade Nine (9) GPA: _____

TEST RECORD: (or attach record)

PACT Math Score _____ **English/Language Arts Score** _____

Performance Level: _____

(over)



CONDUCT:

Number of student discipline referrals this year? _____

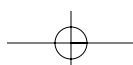
If any, briefly explain the reasons for the referrals:

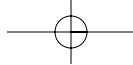
COMMENTS:

Please comment on any information you have that would assist us in determining the suitability of this student for the IB Program.

GUIDANCE COUNSELORS: Please return the complete application (with teacher recommendations) to:

**Jan Jananella, Coordinator
International Baccalaureate Programs
Southside High School
100 Blassingame Road
Greenville, South Carolina 29605
299-8398
(864) 299-8481 (fax)**





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: _____

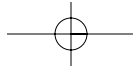
Address: _____

City: _____ State: _____ Zip: _____

How long have you known the student? _____ Years

In what capacity have you worked with the student? _____

(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.

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

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

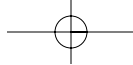
SIGNATURE

DATE

PLEASE NOTE: Do not give this reference form back to the student. Mail or fax the completed reference to the address listed below:

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)

The International Baccalaureate Program Design

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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: _____

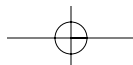
Address: _____

City: _____ State: _____ Zip: _____

How long have you known the student? _____ Years

In what capacity have you worked with the student? _____

(over)



EVALUATION:

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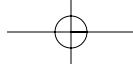
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SIGNATURE _____

DATE _____

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Greenville, South Carolina 29605
Fax: (864) 299-8481



INTENT TO APPLY TO 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 2005-2006 _____ School attended for 2005-2006 _____

Attendance Area School for 2006-2007 (next year) _____

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 5 teacher recommendations. Please list the names of the teachers below.

Teacher 1 _____ School _____

Teacher 2 _____ School _____

Teacher 3 _____ School _____

Teacher 4 _____ School _____

Teacher 5 _____ School _____

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

