

For office use only:

Application Number _____

Date Received _____

The School District of the City of Erie, Pennsylvania

Strong Vincent High School Honors Academy
1330 West 8th Street, Erie, Pennsylvania 16502

APPLICATION FORM

2005-2006

TO THE STUDENT

Dear Student:

Thank you for your interest in the Strong Vincent High School Honors Academy.

Please complete the application form and submit it by March 30, 2005.

Mr. Kenneth Brasington, Principal
Strong Vincent High School
1330 West 8th Street
Erie, Pennsylvania 16502

Phone: 874-6500; Fax: 874-6507

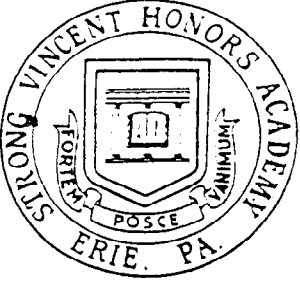
Check one only:

9th Grade _____

10th Grade _____

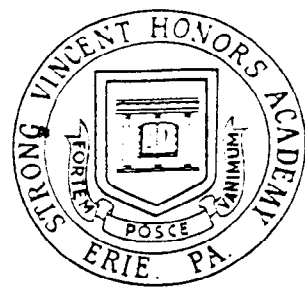
11th Grade _____

We are Strong Vincent!!!



*Strong Vincent High School
Honors Academy*

APPLICATION FORM



Name of Student (Please Print):

Last

First

Middle

Date of Birth: _____

Home Address: _____

Number and Street or P.O. Box

State

Zip

Township, if not a City of Erie resident

Telephone Number: _____

Resides with: Both Parents Mother Father Guardian

Names of Parents/Guardians (*First and Last*): _____

Mother

Father

Guardian

Guardian

Grade 8 school: _____

School District: _____

If Transferring, current High School: _____

Present Grade: _____

Signature of Student

Date

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date



Strong Vincent High School Honors Academy
Teacher Recommendation Form # 1

Student Name: _____

Address: _____

Phone: _____

Recommending Teacher: _____

School: _____

Please use the following criteria to rate the student:

Outstanding = 4

Average = 2

Very Good = 3

Below Average = 1

1. Enthusiasm
2. Ability to Learn
3. Dependability
4. Initiative
5. Quality of Work
6. Interpersonal Skills
7. Maturity, Poise, Confidence
8. Judgment, Problem Solving
9. Appearance, Personal Habits
10. Written Communication
11. Oral Communication
12. Attendance, Punctuality

Please add any additional information you believe will support this application

Signature of Recommending Teacher

Date



Strong Vincent High School Honors Academy
Teacher Recommendation Form # 2

Student Name: _____

Address: _____

Phone: _____

Recommending Teacher: _____

School: _____

Please use the following criteria to rate the student:

Outstanding = 4

Average = 2

Very Good = 3

Below Average = 1

1. Enthusiasm
2. Ability to Learn
3. Dependability
4. Initiative
5. Quality of Work
6. Interpersonal Skills
7. Maturity, Poise, Confidence
8. Judgment, Problem Solving
9. Appearance, Personal Habits
10. Written Communication
11. Oral Communication
12. Attendance, Punctuality

Please add any additional information you believe will support this application

Signature of Recommending Teacher

Date

Strong Vincent High School Honors Academy

ADMISSIONS RANKING FORM

Students will be required to submit the following in order to apply to the Strong Vincent High School Honors Academy:

1. Standardized Test Scores

2. Report Cards

7th grade final report card and most recent report card from 8th grade.

3. Attendance

Record of 7th and 8th grade attendance as indicated on report cards. Attendance rate will be calculated on the full 7th grade rate combined with the year-to-date 8th grade rate.

4. Teacher Recommendations (two)