

**CLEARLAKE MIDDLE SCHOOL
MIDDLE YEARS PROGRAMME**

IB-MYP



**2012-2013
STUDENT
APPLICATION
PACKET**



CLEARLAKE MIDDLE SCHOOL

7th ~ 8th Grade

IB-MIDDLE YEARS PROGRAMME

2012-2013

Parent Instruction Page

Page 1 of 7

The top **two pages are to be completed by the family** and forwarded along with the rest of the packet to the student's **current** school. Ask the guidance department at your school how they prefer to handle the application. Some schools ask that you distribute the paperwork to the appropriate personnel and only serve as the collection point. Others will handle the entire process for you.

In all cases, however, **the completed paperwork** should be returned to **your school contact** and **they should forward** the application to Clearlake Middle School.

Your school contact should send all forms to:

Claudia Lacy
MYP Coordinator
Clearlake Middle School
1225 Clearlake Road
Cocoa, FL 32922
321-633-3360 ext. 265

Once we receive your application, we will contact you if items are missing from your application. **Please note this will be the only notice of missing items you will receive.**

APPLICATION DEADLINE FEBRUARY 3th, 2012

If Selected, The Deadline For *COMMITMENT LETTER* to ONE Choice Program Is Due By 4:00pm On MARCH 23rd, 2012.

All items must be turned in by the deadline for the application to be considered on time. Applications received or completed after the deadline will be evaluated as space allows. **The approval of a student to attend a school other than his/her zoned school of attendance for the purpose of attending a choice school or program is valid for as long as the student participates in the choice school/program. A student must return to his/her zoned school of attendance at the end of the semester if he/she no longer participates in the choice school or program.**

Incomplete applications cannot be evaluated. Your application will be considered complete when it contains the following information:

1. Student application page
2. A signed copy of the "Request for Release of Transcripts and MYP Application Documents"
3. **Your latest achievement test profile and individually administered evaluations for ESE**
4. **Transcripts (report cards) from LAST YEAR and first semester current grades**
5. The completed recommendation forms
 - a. Your current Math and/or English teacher(s)
 - b. Your guidance counselor
 - c. The administrator at your school in charge of discipline

Notification letters with acceptance status will be mailed on March 2, 2012



CLEARLAKE MIDDLE SCHOOL
IB-MIDDLE YEARS PROGRAMME
2012-2013

Student Application Page

(Please forward to your school guidance counselor after completion.)

Please type or print:

_____ District student number (see report card)

NAME: _____
Last First Middle Nickname

ADDRESS: _____
Number Street City Zip code

TELEPHONE: _____
Home Work (Mother/Guardian) Work (Father/Guardian)

HAS STUDENT EVER ATTENDED A BREVARD COUNTY PUBLIC SCHOOL? ___YES ___NO

BREVARD COUNTY SCHOOL **ZONED** TO ATTEND (2012-13): _____ Grade _____

SOCIAL SECURITY NUMBER _____ **E-MAIL ADDRESS** _____

PARENT NAMES (Please Print): Father (Guardian): _____

Mother (Guardian): _____

Attached are required recommendation forms (only 2 teacher recommendations are required for the application). Please distribute the forms to the appropriate school personnel:

1. Your current math teacher (required for 7th or 8th application)
2. Your current English teacher (required for 7th or 8th grade application)
3. The administrator at your school in charge of discipline
4. Your guidance counselor

Your school contact should send all forms to:

Claudia Lacy
MYP Coordinator
Clearlake Middle School
1225 Clearlake Middle School
Cocoa, FL 32922

All items must be **turned in by 4:00pm on February 3rd, 2012** for the application to be considered on time. Applications received or completed after the deadline will be placed on our waitlist.

Notification letters for students with completed applications will be mailed by **March 2, 2012**. Qualifying late applicants will be admitted as space allows.

I understand the application requirements for this program and give my consent for my child to seek acceptance into the Middle Years Programme at Clearlake Middle School.

Parent Signature Date

I understand the application requirements and seek acceptance into the Middle Years Programme at Clearlake Middle School.

Student Signature Date



CLEARLAKE MIDDLE SCHOOL

IB-MIDDLE YEARS PROGRAMME

1225 Clearlake Road, Cocoa, FL 32922
Phone (321) 633-3660 Fax (321) 617-7731

REQUEST FOR RELEASE OF TRANSCRIPT AND MYP APPLICATION DOCUMENTS **For 2011 - 2012**

(Please forward to your school guidance office.)

Name of school currently attending: _____

This student is applying for grade **7** **8** (please circle)

Applicant's Legal Name: (please print or type)

Last	First	Middle	Nickname
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To the school contact person:

This student is applying for admission to the Middle Years Programme at Clearlake Middle School. The application cannot be evaluated until all items listed below are received. Because this is a confidential process, we ask that you gather and forward these items to: **Claudia Lacy, MYP Contact, Clearlake Middle School** (1225 Clearlake Road, Cocoa FL 32922) ***before February 3, 2012***. Please do not allow or encourage anyone other than school personnel to forward any application information.

- ___ 1. Student Application Page
- ___ 2. Copy of **this** signed release
- ___ 3. Two teacher recommendation forms (one for 6th grade students if students do not rotate)
- ___ 4. Confidential Behavioral Reference
- ___ 5. Confidential Guidance Recommendation
- ___ 6. School transcripts (report cards) reflecting last grade completed and first semester current grade
- ___ 7. Most recent results of nationally normed standardized achievement test (i.e. FCAT, etc)

We cannot accept faxed or applications delivered in person, nor will we evaluate incomplete applications. Completed applications must be sent directly from the student's school & received by 4:00pm on February 3rd, 2012.

RELEASE

Parent/Guardian/Student signatures indicate permission to release to Clearlake Middle School the above named documents necessary for consideration for admission to the Middle Years Programme.

Signature of Applicant

Date

Signature of Applicant's Parent/Guardian

Date

Please **Print** Parent Name: _____

CLEARLAKE MIDDLE SCHOOL

IB-MIDDLE YEARS PROGRAMME

CONFIDENTIAL MATH TEACHER RECOMMENDATION

The Middle Years Programme is not a gifted program, but a rigorous plan of study. Please evaluate your student as candidly as possible. **All recommendations are kept strictly confidential.** The completed form should be returned only to your school contact or guidance office, not the student.

Name of School _____

STUDENT NAME: _____

TEACHER NAME: _____

SUBJECT: _____

Class Level:

- Average
- Advanced
- Honors

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
- 0 = Not observed

	5	4	3	2	1	0
A Self-Starter						
Works well in group settings						
Demonstrates strong skills in this subject area						
Learns quickly with good retention						
Rarely absent and always punctual						
Highly motivated with a positive attitude about learning						
Persistent and complete with regard to assignments/class work						
Prepared for class						
Shows responsibility/dependability/honesty						
Demonstrates acceptable classroom behavior conducive to learning						

TOTAL _____

- Strongly Recommended
- Recommend
- Recommended *with Reservations*
- Do Not Recommend

The Middle Years Programme requires students to work at a very high level. Students must be motivated and enjoy learning. In your opinion, does this student possess the necessary characteristics for successful performance in MYP?

_____ Yes _____ No

Please include ALL other information relevant to the student's potential success or failure in the program. (If any additional space is needed, please use the reverse side of this paper.)

Signature

Date

CLEARLAKE MIDDLE SCHOOL

IB-MIDDLE YEARS PROGRAMME

CONFIDENTIAL ENGLISH TEACHER RECOMMENDATION

The Middle Years Programme is not a gifted program, but a rigorous plan of study. Please evaluate your student as candidly as possible. **All recommendations are kept strictly confidential.** The completed form should be returned only to your school contact or guidance office, not the student.

Name of School _____

STUDENT NAME: _____

TEACHER NAME: _____

SUBJECT: _____

Class Level:

- Average
- Advanced
- Honors

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
- 0 = Not observed

	5	4	3	2	1	0
A Self-Starter						
Works well in group settings						
Demonstrates strong skills in this subject area						
Learns quickly with good retention						
Rarely absent and always punctual						
Highly motivated with a positive attitude about learning						
Persistent and complete with regard to assignments/class work						
Prepared for class						
Shows responsibility/dependability/honesty						
Demonstrates acceptable classroom behavior conducive to learning						

TOTAL _____

- Strongly Recommended
- Recommend
- Recommended *with Reservations*
- Do Not Recommend

The Middle Years Programme requires students to work at a very high level. Students must be motivated and enjoy learning. In your opinion, does this student possess the necessary characteristics for successful performance in MYP?

_____ Yes _____ No

Please include ALL other information relevant to the student's potential success or failure in the program. (If any additional space is needed, please use the reverse side of this paper.)

Signature

Date



CLEARLAKE MIDDLE SCHOOL

IB-MIDDLE YEARS PROGRAMME

CONFIDENTIAL GUIDANCE RECOMMENDATION

Please review this student as candidly as possible.
We rely on your confidential evaluation to ensure the student's success.

Name of School _____

STUDENT NAME: _____

GUIDANCE COUNSELOR: _____

PHONE: _____

A) Please check the appropriate spaces as applicable to this student.

1) ESE Program(s) Status: Active Dismissed
Exceptionality: Gifted SLD S/L EH
 Other (Identify)

2) Active 504.
Justification: N/A ADHD Former ESE Placement
 Other (Identify):

3) Scheduled into advanced classes (please list and comment):

4) Scheduled into average level classes (please list and comment):

B) Please respond briefly to the following questions.

- 1) How well do you know this student?

- 2) Are you aware of any extenuating circumstances which would affect this student's ability to perform to a high level in the Middle Years Programme?

- 3) Do you feel this student is sufficiently motivated to be successful in the Middle Years Programme?

- 4) Do you feel this student is prepared for the challenges of a highly rigorous schedule?

Signature

Date



CLEARLAKE MIDDLE SCHOOL
IB-MIDDLE YEARS PROGRAMME
ADMINISTRATOR

CONFIDENTIAL BEHAVIORAL RECOMMENDATION

Please review this student as candidly as possible.
We rely on your evaluation to ensure the student's success.

Name of School _____

STUDENT NAME: _____

ADMINISTRATOR/DEAN: _____

PHONE: _____

1. Number of referrals on student:
Reasons:

2. Number of suspensions for student:
Reasons:

3. Comments about this student:

Please check one of the following regarding this student's acceptance into the Middle Years Programme.

Strong Recommend Recommend
 Recommend with Reservations Do Not Recommend

The Middle Years Programme requires students to work at a very high level in a rigorous program of study. Students must be motivated and enjoy learning. In your opinion, does this student possess the necessary characteristics for successful performance in MYP? Yes No (Please explain)

Please include ALL other information relevant to the student's potential success or failure in the program. (If any additional space is needed, please use the reverse side of this paper).

Signature

Date