



CHESTERFIELD COUNTY SPECIALTY CENTER APPLICATION

Date _____

(Please Print)

Student Name: _____ Current School _____

Last First MI
Feeder (Home) High School _____

Birth Date: _____ Current Grade: _____ Student ID# _____ Gender : _____ (M/F)

Home Street Address: _____

City: _____ Zip _____ Home Phone: _____

Parent/Guardian Name(s): _____ Parent E-mail _____

Father's Work Phone: _____ Mother's Work Phone: _____

E-mail address: _____ E-mail address: _____

Specialty Center

(Please check only one per application)

- Monacan - Health & Physical Therapy
- Monacan - Humanities
- L. C. Bird - Governor's Academy for Engineering Studies
- Clover Hill - Mathematics & Science
- Cosby High - Health Science
- Manchester - Spanish Immersion
- Manchester - Mass Communications
- Meadowbrook - International Baccalaureate
- Meadowbrook - Academy for Digital Entrepreneurship
- Midlothian - International Baccalaureate
- Matoaca - Information Technology
- James River - Leadership & International Relations
- Thomas Dale - The Arts (please specify below)
- Dance Music Theatre Arts Visual Arts

Present World Language

- | | |
|--------------------------------------|--------------------------------|
| <input type="checkbox"/> French I | <input type="checkbox"/> Other |
| <input type="checkbox"/> French II | <input type="checkbox"/> None |
| <input type="checkbox"/> French III | |
| <input type="checkbox"/> German I | |
| <input type="checkbox"/> German II | |
| <input type="checkbox"/> German III | |
| <input type="checkbox"/> Latin I | |
| <input type="checkbox"/> Latin II | |
| <input type="checkbox"/> Latin III | |
| <input type="checkbox"/> Japanese I | |
| <input type="checkbox"/> Japanese II | |
| <input type="checkbox"/> Spanish I | |
| <input type="checkbox"/> Spanish II | |
| <input type="checkbox"/> Spanish III | |

Present Math Course

- Algebra I
- Algebra I/Honors
- Geometry
- Algebra II
- Algebra II/Honors
- Other

The decision to apply to a Specialty Center is my own, and I want to participate fully in this four-year program. If selected, I will be responsible for supporting the goals of the program. The responses contained in this application are my own work.

Signature of Applicant _____ Date _____ Signature of Parent/Guardian _____ Date _____

Statement of Interest

In an essay format, (one attached page, 200 to 250 words, preferably typed, double-space) write about your interest in the specified specialty center and what you can bring to the program.

(Required at all except Clover Hill, Matoaca High, and Meadowbrook Academy for Digital Entrepreneurship)

Confidential Teacher Recommendations

Please provide the names of the teachers you asked to submit recommendation forms. Remember to adhere to the specific requirements for the specialty center to which you are applying.

1. Teacher's Name _____ Subject Taught: _____

2. Teacher's Name _____ Subject Taught: _____

Please indicate below any other specialty centers and/or Governor's Schools to which you have applied (check each one that applies)

- LC Bird - Governor's Academy for Engineering Studies Monacan - Health & Physical Therapy
- Manchester - Spanish Immersion Clover Hill - Mathematics & Science Monacan - Humanities
- Cosby - Health Science Thomas Dale - Visual & Performing Arts Manchester - Mass Communication
- James River - Leadership & International Relations Matoaca - Information Technology
- Meadowbrook - International Baccalaureate Midlothian - International Baccalaureate
- Meadowbrook - Academy for Digital Entrepreneurship
- Maggie L. Walker Governor's School for Government & International Studies
- Appomattox Regional Governor's School for the Arts & Technology

STUDENT DATA

Directions: Please print or type. Use only the space provided. List both in-school and out-of-school information for middle school years. Especially list those activities which would be of most significance to your selected specialty center.

Club Memberships/Team Activities

Leadership Roles

Community Service

Awards and Other Interests

Return application to your school counselor by December 1, 2016

FOR SCHOOL USE ONLY: To be completed by a school counselor:

Due to the appropriate Specialty Center Coordinator:

Completed application due December 8, 2016.

Recommendations, middle school transcript (including the 1st semester of 8th grade), Kuder Inventory results & standardized test data (including the most recent SOL results) and a recent copy of IEP/504, if applicable, due February 8, 2017.

Student Name _____ **Student Number** _____

Signature of School Counselor _____

The Chesterfield County public school division does not unlawfully discriminate on the basis of sex, race, color, religion, handicapping conditions, or national origin in employment or in its educational programs and activities.