

*Grades 9-12 - Attach Transcript
*Grade 8 - Attach Copy of report
card and copy of EOG Scores



APPLICATION FOR THE ACADEMY AT CENTRAL
2010-2011 SCHOOL YEAR

*Applications for High Point Central attendance zone students will be given priority.
Applications received for students residing outside of the High Point Central district will
be considered on a secondary basis and, if approved, would be without transportation.*

Application period is February 13-March 12, 2010

PLEASE COMPLETE THIS APPLICATION BY PRINTING IN INK.

Name of student _____

Age _____ Date of Birth _____ Sex _____ Race African-American Asian Caucasian
 Hispanic Native American Multiracial

Name(s) of Parent/Legal Guardian _____

Home address _____
(Street)

(City) _____ (State) _____ (Zip) _____

Parent e-mail address _____

Residence phone _____ Business phone (m) _____ (f) _____

School assignment (by high school attendance zone) _____

School presently attending _____ Grade _____

Expected grade level for 2010-2011 _____

Does the student currently receive special education services? _____ If so, what category? _____

Do you currently have another student enrolled in The Academy at Central program? _____

If so, student name _____ Student's current grade _____

PLEASE READ CAREFULLY: By submitting this application you understand the commitment of effort and time your child is undertaking if accepted into The Academy at Central. This commitment includes agreeing to keep your child in the Program for at least one semester. Further, you will be required to request reassignment at the end of each year for as long as your child is enrolled in the program. If at the end of any high school year your child is unwilling or unable to continue studies in The Academy at Central, she/he will be reassigned to the high school of her/his attendance zone. Also, any academic, attendance or behavior problems will be sufficient cause to rescind any reassignment that may be granted. Please note that transportation will only be provided for students in High Point Central attendance zone.

Date _____

(Parent/Guardian signature)

Please return this application and transcript no later than
March 12, 2010 to:

Garriot Rose, Principal
The Academy at Central
700 Chestnut Drive
High Point, NC 27262
(336) 885-7905

In compliance with federal laws, Guilford County Schools administers all educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability or gender, except where exemption is appropriate and allowed by law. Refer to the Board of Education's Discrimination Free Environment Policy AC for a complete statement. Inquiries or complaints should be directed to the Guilford County Schools Compliance Officer, 120 Franklin Boulevard, Greensboro, NC 27401; 336-370-2323.

For office use only:
 Student is recommended for The Academy at Central. Grade Level _____
 Student is # _____ on a waiting list for The Academy at Central
 Student is not eligible for The Academy at Central
Reason for ineligibility _____

Signature of Academy at Central Principal _____ Date _____
(Once signed, Principal should make copy and send original to Student Assignment Office, 120 Franklin Blvd.)

STUDENT NAME _____

1. Why would you like to attend The Academy at Central?

2. The Academy in a very small setting. Why do you think this would work better for you than a traditional school?

3. Tell us about yourself – how would others describe you?

4. What are your strengths/weaknesses?

5. What are your goals for the future (career plans, etc)?

6. Is there anything else that you would like to tell us that will help us get to know you?