

****Please return your application to the guidance office in your building****



APPLICATION
Date Received _____
Date Approved _____
Date Disapproved _____
Pending _____

Millard Public Schools Career Academy Application

Academy priority preference? (Please check one academy.)

Business & Entrepreneurship
@ Millard South

Business & Logistics Management
@ Keith Lutz Horizon

Education @ Millard West

Health Sciences @ Keith Lutz Horizon

(Note: Academies will be offered based on student participation and availability of staff.)

Student Information

Name _____
(Last) (First) (Middle) (Date of Birth)

Home Address _____
(Street, Apt. No.) (City) (Zip Code) (Telephone Number)

Current Grade Level _____ Email _____ Home School: _____

Parent/Guardian Information

Name _____ Employer _____
(Parent or Guardian)

Home Phone _____ Work Phone _____ E-Mail _____

Name _____ Employer _____
(Parent or Guardian)

Home Phone _____ Work Phone _____ E-Mail _____

1. Identify the characteristics that would make you successful in this Academy. Reference the career information from your Personal Learning Plan (PLP). (Attach additional paper, if necessary)

2. Describe what you hope to achieve through participation in this Academy.

3. Select one extracurricular activity or volunteer/work experience that you have participated in and describe how that has prepared you to successfully complete this Academy.

4. If there is only one opening left in the academy, why should you be selected over the other applicants?

5. List one teacher reference below

1. _____
(Name) (Content Area) (Email)

6. List two other references (i.e. employer, coach, supervisor, student organization advisor)

1. _____
(Name) (Relationship to student) (Email) (Phone Number)

2. _____
(Name) (Relationship to student) (Email) (Phone Number)

7. Please print and attach your unofficial transcript from Infinite Campus.

STUDENT AND PARENT/GUARDIAN AGREEMENT

If I am accepted into the program, I shall enroll in all courses comprising the Academy. I understand that I must abide by the following requirements in order to remain in the program.

- **Grades** A minimum grade point average of 3.0 in academy courses is required for post-secondary dual enrollment.
- **Attendance** Daily attendance and active participation are mandatory. Excessive absences will be grounds for dismissal.
- **Character** Demonstrate exemplary conduct and reflect a positive image of yourself and the Academy.
- **Discipline** The Millard Public Schools Student Code of Conduct applies.

Student

I understand that I am making a commitment to complete the academy program.

(Date)

(Signature of Applicant)

Parent/Guardian

I have read this application, the information accompanying it, and the above agreement signed by _____. I approve his/her participation in this educational program, and I will work with my son/daughter and Academy teachers to ensure that he/she accepts the responsibilities and receives the benefits provided through this program.

(Date)

(Signature of Parent/Guardian)

(Date)

(Signature of Parent/Guardian)