

HHRS STEM & STEAM Academy



# Application for Admission

Incoming 9<sup>th</sup> Graders

Fall 2017

Dr. Susan Compton, Superintendent

Mrs. Lenore Kingsmore, Principal

Mr. Daniel Layton, Curriculum Supervisor

Mrs. Leigh Fitzsimmons, STEM Coordinator

*Henry Hudson Regional School*

*1 Grand Tour*

*Highlands, NJ 07732*

Student's Full Name:

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# Application for Admission

Applicant's Name: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Street Address: \_\_\_\_\_

Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student ID: \_\_\_\_\_

**Signature of Parent/Guardian:** I hereby give my consent to this application.

\_\_\_\_\_  
Signature \_\_\_\_\_  
Date

**I am applying for (select one):**

*See attached forms for the description and course sequence for each academy.*

STEM Academy \_\_\_\_\_

STEAM Academy \_\_\_\_\_

- **List any honors or awards you have received in the last two years.**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- **Have you participated in any of the following activities in the last two years?**

\_\_\_\_\_ Odyssey of the Mind

\_\_\_\_\_ Science Club

\_\_\_\_\_ Band

\_\_\_\_\_ Drama

\_\_\_\_\_ Student Government

\_\_\_\_\_ Art Club

\_\_\_\_\_ Sports: \_\_\_\_\_

\_\_\_\_\_ Other (please specify):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# HHRS STEM & STEAM Academy

## Teacher Recommendation Form

Applicant Name: \_\_\_\_\_

On a scale of 1-5, with 1 being the lowest and 5 being the highest, rate the applicant in each of the categories shown below. Place a check in the most appropriate box.

	1	2	3	4	5
Academic motivation/growth potential					
Sense of responsibility					
Emotional maturity					
Leadership qualities					
Study/work habits					
Ability to get along with others					
Overall attitude toward school					

**School use only:**

Total \_\_\_\_\_

Average \_\_\_\_\_

*Your recommendation and comments regarding this applicant are of value to us and are required of the admission process. Please use the space below to write comments to support your recommendation. Thank you!*

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**Recommendation by:** \_\_\_\_\_

*Please return to the office after completion. Do not return this form to the student for confidentiality purposes!*



