

Business Technology Academy Application



NAME _____ ID# _____

STUDENT CELL _____

STUDENT EMAIL _____

PARENT NAME _____

PARENT CELL _____

PARENT EMAIL _____

CURRENT GRADE LEVEL _____

SCHOOL CHOICE (CIRCLE): YES OR NO - IF YES, CURRENT SCHOOL ATTENDING _____

CUMULATIVE UNWEIGHTED GPA FROM SEMESTER ONE REPORT CARD _____

ABSENCES 1ST SEMESTER _____ ABSENCES 2ND SEMESTER _____

CIRCLE BUSINESS TECH. COURSE(S) YOU PLAN ON TAKING THE NEXT SCHOOL YEAR:

SUGGESTED SEQUENCES:

DIGITAL INFORMATION TECHNOLOGY (ALL GRADES)

BUSINESS ENTREPRENEURSHIP HONORS (10-12)

ACCOUNTING APPLICATIONS I HONORS (10-12)

DIGITAL INFORMATION TECHNOLOGY (ALL GRADES)

FOUNDATIONS OF PROGRAMMING (ALL GRADES)

AP COMPUTER PROGRAMMING (11-12)

DIGITAL DESIGN 1 (ALL GRADES)

DIGITAL DESIGN 2 OR 3 HONORS (10-12)

LIST EXTRA-CURRICULUM ACTIVITIES: _____

ON A SEPARATE PAGE, PLEASE WRITE A SHORT ESSAY ON WHY YOU WOULD LIKE TO BE IN THE ACADEMY. PLEASE STAPLE IT TO THIS APPLICATION.

STUDENT SIGNATURE _____ DATE _____

***RETURN COMPLETED APPLICATION TO A BUSINESS TECHNOLOGY TEACHER, YOUR GUIDANCE COUNSELOR OR THE JWMHS FRONT OFFICE**

****OTHER REQUIREMENTS:**

- PLEASE GIVE THE RECOMMENDATION TO ONE TEACHER OF YOUR CHOICE AND ASK THEM TO RETURN IT TO MRS. GLAVES' BOX OR IF THEY ARE AT ANOTHER SCHOOL, THEY SEND IT THROUGH THE DISTRICT COURIER TO MRS. GLAVES-JWMHS
- NOTE: THE SELECTION CRITERIA WILL BE BASED ON THE FOLLOWING:
 - Grades
 - Attendance
 - Conduct
 - Application Responses

Business Technology Academy

Confidential Teacher Report

NAME OF TEACHER: _____

NAME OF STUDENT: _____

RE: APPLICATION TO THE BTA

PLEASE PLACE A CHECKMARK UNDER THE APPROPRIATE LEVEL:

	Excellent	Good	Fair	Poor
Promptness in getting to class	_____	_____	_____	_____
Promptness in turning in assignments	_____	_____	_____	_____
Dependability	_____	_____	_____	_____
Attendance	_____	_____	_____	_____
Comprehension and following of directions	_____	_____	_____	_____
Well mannered and courteous	_____	_____	_____	_____
Favorable reaction to criticism	_____	_____	_____	_____
Acceptable attitude toward teachers/admin.	_____	_____	_____	_____
Proper use of class time	_____	_____	_____	_____
Organizational skills	_____	_____	_____	_____

As a member of this program, the students will interact with the business community as well as represent the school at community events. In light of the above evaluation, would you recommend that he/she be accepted? Yes _____ No _____

Comments: _____

SIGNATURE OF TEACHER _____

**PLEASE RETURN TO A. GLAVES BOX OR THROUGH THE DISTRICT COURIER TO
A. GLAVES-JWMHS THANK YOU.**