



Hampton City Schools

Academies of Hampton – Application Packet Cover Sheet

Student Instructions: Complete the top portion and submit with the *School Counselor Recommendation* form *Personal Statement*, and *Application Form* to your school counselor no later than **February 24**.

School Counselor Instructions: Please use this form as the cover sheet when submitting student application packets to the Academies of Hampton. The completed packet must be received by the Director of Career and Technical Education no later than **February 28**.

Student Information:

Name: _____
Last First Middle

Academy Selection: Check or circle the academy **AND** pathway to which you are applying:

◇ Governor’s Health Sciences Academy at Bethel High School	◇ Therapeutic Services (Nurse Aide)
	◇ Support Services
	◇ Biotechnology Research and Development
	◇ Health Informatics
	◇ Diagnostic Services (Pharm Tech or Medical Assistant)
◇ Aerospace and Engineering Academy at Hampton High School	◇ Aerospace Engineering
	◇ Air Force JROTC
	◇ Information Technology
	◇ Information Management
◇ Architecture and Applied Arts Governor’s STEM Academy at Kecoughtan High School	◇ Design and Construction
	◇ Architectural Engineering
	◇ Graphic Design
	◇ Fashion Design
◇ Information Design and Engineering Academy at Phoebus High School	◇ Engineering and Manufacturing
	◇ Programming and Cyber Security
	◇ Video Media Production

Teacher Recommendations: (teacher name and subject)

(1) _____ (2) _____

School Counselor Completes this Section and Submits Application Packets:

School Counselor: _____
Name School

The following documents are included in this Academies of Hampton student application packet:

- Student application
- Student essay/personal statement
- School Counselor Recommendation
- Teacher Recommendations (2 recommendations)
- HCS Student Profile*
- Student Log entries*

Hampton City Schools Non-Discrimination Notice - HCS does not discriminate on the basis of race, color, national origin, sex, disability, age or other protected classes in its programs and activities and provides equal access to the Boy Scouts and other designated youth groups. The following person has been designated to handle inquiries regarding the non-discrimination policies: Robbin G. Ruth, Executive Director, Human Resources, One Franklin Street, Hampton, VA 23669 757-727-2000.



Hampton City Schools

Academies of Hampton - Student Application

Student Instructions: Before completing and submitting this application, please review the HCS Course Description Guide for course descriptions and sequences for all academies. The completed application must be signed by the student and parent, and submitted to the school counselor no later than **February 24, 2017**.

Academy Selection: Check the academy and pathway to which you are applying.

◇ Governor's Health Sciences Academy at Bethel High School	◇ Therapeutic Services (Nurse Aide)
	◇ Support Services
	◇ Biotechnology Research and Development
	◇ Health Informatics
	◇ Diagnostic Services (Pharm Tech or Medical Assistant)
◇ Aerospace and Engineering Academy at Hampton High School	◇ Aerospace Engineering
	◇ Air Force JROTC
	◇ Information Technology
	◇ Information Management
◇ Architecture and Applied Arts Governor's STEM Academy at Kecoughtan High School	◇ Design and Construction
	◇ Architectural Engineering
	◇ Graphic Design
	◇ Fashion Design
◇ Information Design and Engineering Academy at Phoebus High School	◇ Engineering and Manufacturing
	◇ Programming and Cyber Security
	◇ Video Media Production

Student Information:

Name: _____

Last
First
Middle

Address: _____

Number and Street Name
Apt #
City
Zip

Date of Birth: _____ Age: _____ Student's Zoned High School: _____

Academic Status: _____

Current School
Present Grade Level
Student ID Number

Parent Information:

Parent/Guardian: _____

Name
Phone Number

Parent/Guardian Email: _____

Academy Application Requirements:

- Student: Completed Academies of Hampton application form, signed by the student and parent.
- Student: Written personal statement answering the following questions:
Why do you wish to attend this particular Academy? AND How can this program help your future?
- School Counselor Recommendation Form
- Two Teacher Recommendations Forms (Recommendations must be from current teachers and at least one must be from a math or science teacher)

Academy Participation Requirements

- Applicants, along with their parent(s) or guardian(s) are required to read, sign and commit to the following:
- I will maintain a cumulative minimum GPA of 2.5 or agree to an academic improvement plan.
 - I understand that, in addition to the letter of recommendation, my school counselor will provide the academy selection committee a copy of my Student Profile, which includes my academic performance, behavior and attendance data.
 - I have read the HCS Rights and Responsibilities and the Academies of Hampton standards and understand that if I do not meet those standards because of my academic performance, behavior, or attendance, I may be required to withdraw from the Academy or enroll in alternate course of study.
 - I understand that if I do not meet Academy expectations and must withdraw from the Academy that I will be required to return to my zoned high school, and according to Virginia High School League rules, I would not be eligible to participate in VHSL activities for 365 days unless I am granted a waiver under VHSL rule 28-6-2(14).
 - I understand that transportation to an Academy that is not at my zoned school is NOT provided.
 - There is a commitment of time and effort that I am willing to make if accepted into this Academy. This may include attending after school/ weekend events, gaining experiences in my career field of interest through exploration activities and internships, and/or completing a Capstone project prior to graduation.

With my application to the Academies of Hampton, I agree to all requirements listed above.

Student Signature Date

I hereby grant permission for my son/daughter to enroll in the designated Academy. I will support their participation and agree to all of the conditions listed above.

Parent Name (printed) Parent Signature Date



Hampton City Schools

Academies of Hampton - School Counselor Recommendation

Student Instructions: Complete the front of this form and submit the *School Counselor Recommendation form, Personal Statement, and Application Form* to your school counselor no later than **February 24**.

School Counselor Instructions: Please use this form to recommend students as candidates for entry into the Academies of Hampton. Please mark the boxes that best represent your assessment of this student and submit the entire application packet to the Director of Career and Technical Education. All completed applications must be received by the CTE office no later than **February 28**.

Student and Parent/Guardian Information:

Name: _____
Last First Middle

Academic Status: _____
Current School Present Grade Level Student ID Number

Academy Selection: Check the academy to which you are applying.

◇ Governor's Health Sciences Academy at Bethel High School	◇ Therapeutic Services (Nurse Aide)
	◇ Support Services
	◇ Biotechnology Research and Development
	◇ Health Informatics
	◇ Diagnostic Services (Pharm Tech or Medical Assistant)
◇ Aerospace and Engineering Academy at Hampton High School	◇ Aerospace Engineering
	◇ Air Force JROTC
	◇ Information Technology
	◇ Information Management
◇ Architecture and Applied Arts Governor's STEM Academy at Kecoughtan High School	◇ Design and Construction
	◇ Architectural Engineering
	◇ Graphic Design
	◇ Fashion Design
◇ Information Design and Engineering Academy at Phoebus High School	◇ Engineering and Manufacturing
	◇ Programming and Cyber Security
	◇ Video Media Production

My career goal is to become a _____

Teacher Recommendations: I have asked the following two current teachers (at least one must be from a math or science teacher) to complete a recommendation form. They will provide it to my school counselor by March 1.

(1) _____
Teacher name Subject

(2) _____
Teacher name Subject

Student Request _____
Student Signature Date

Parent/Guardian Approval: _____
Name Signature Date



Hampton City Schools

Academies of Hampton - Teacher Recommendation

Student Instructions: Complete the front portion and submit a *Teacher Recommendation* form to two of your current teachers. One of the two teacher recommendations must be from your current math or science teacher. Please give this form to your teachers no later than **February 17**.

Teacher Instructions: This form is used by a current teacher to recommend students as candidates for entry into the Academies of Hampton. Please mark the boxes that best represent your assessment of this student. Please submit the completed *Teacher Recommendation* form to the School Counselor no later than **February 24**.

Student and Parent/Guardian Information:

Name: _____
Last
First
Middle

Academic Status: _____
Current School
Present Grade Level
Student ID Number

Academy Selection: Check the academy to which you are applying.

<input type="checkbox"/> Governor's Health Sciences Academy at Bethel High School	<input type="checkbox"/> Therapeutic Services (Nurse Aide) <input type="checkbox"/> Support Services <input type="checkbox"/> Biotechnology Research and Development <input type="checkbox"/> Health Informatics <input type="checkbox"/> Diagnostic Services (Pharm Tech or Medical Assistant)
<input type="checkbox"/> Aerospace and Engineering Academy at Hampton High School	<input type="checkbox"/> Aerospace Engineering <input type="checkbox"/> Air Force JROTC <input type="checkbox"/> Information Technology <input type="checkbox"/> Information Management
<input type="checkbox"/> Architecture and Applied Arts Governor's STEM Academy at Kecoughtan High School	<input type="checkbox"/> Design and Construction <input type="checkbox"/> Architectural Engineering <input type="checkbox"/> Graphic Design <input type="checkbox"/> Fashion Design
<input type="checkbox"/> Information Design and Engineering Academy at Phoebus High School	<input type="checkbox"/> Engineering and Manufacturing <input type="checkbox"/> Programming and Cyber Security <input type="checkbox"/> Video Media Production

My career goal is to become a _____.

Student Request _____
Student Signature
Date

Parent/Guardian Approval: _____
Name
Signature
Date



Hampton City Schools

Academies of Hampton - Teacher Recommendation

Student Instructions: Complete the front portion and submit a *Teacher Recommendation* form to two of your current teachers. One of the two teacher recommendations must be from your current math or science teacher. Please give this form to your teachers no later than **February 17**.

Teacher Instructions: This form is used by a current teacher to recommend students as candidates for entry into the Academies of Hampton. Please mark the boxes that best represent your assessment of this student. Please submit the completed *Teacher Recommendation* form to the School Counselor no later than **February 24**.

Student and Parent/Guardian Information:

Name: _____
Last
First
Middle

Academic Status: _____
Current School
Present Grade Level
Student ID Number

Academy Selection: Check the academy to which you are applying.

<input type="checkbox"/> Governor's Health Sciences Academy at Bethel High School	<input type="checkbox"/> Therapeutic Services (Nurse Aide)
	<input type="checkbox"/> Support Services
	<input type="checkbox"/> Biotechnology Research and Development
	<input type="checkbox"/> Health Informatics
	<input type="checkbox"/> Diagnostic Services (Pharm Tech or Medical Assistant)
<input type="checkbox"/> Aerospace and Engineering Academy at Hampton High School	<input type="checkbox"/> Aerospace Engineering
	<input type="checkbox"/> Air Force JROTC
	<input type="checkbox"/> Information Technology
	<input type="checkbox"/> Information Management
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	<input type="checkbox"/> Architectural Engineering
	<input type="checkbox"/> Graphic Design
	<input type="checkbox"/> Fashion Design
<input type="checkbox"/> Information Design and Engineering Academy at Phoebus High School	<input type="checkbox"/> Engineering and Manufacturing
	<input type="checkbox"/> Programming and Cyber Security
	<input type="checkbox"/> Video Media Production

My career goal is to become a _____

Student Request _____
Student Signature
Date

Parent/Guardian Approval: _____
Name
Signature
Date

Teacher Recommendation

Teacher: _____
 Name School Subject Taught

	Not Observed	Not Acceptable	Needs Improvement	Acceptable	Exceeds Expectations	Excellent
Organization – manages time, resources and materials, meets deadlines, and divides tasks into subtasks.						
Reasoning – uses logical analytical reasoning and/or creative thinking to consider ideas or solve problems.						
Initiative and enthusiastic – independent worker, highly motivated, shows intellectual curiosity, seeks additional tasks, and stays actively engaged.						
Adaptability - approaches ideas and problems from different directions, finds alternative solutions, thinks about ideas in new ways.						
Classroom behavior – comes prepared, follows directions, participates in class, and cooperates with teachers and classmates.						
Creativity/design - turns new and imaginative ideas into reality, able to see things differently and find hidden patterns, and makes connections to generate solutions.						
Communication – communicates effectively.						
Reliability – scrupulous and punctual in fulfilling obligations and takes responsibility.						
Leadership and respect – shows respect and tolerance of other’s views, accepts ideas of others and contributes to group process, and influences others in a positive manner.						
Maturity – responds to environment in an appropriate manner.						
Persistence – stays focused on the tasks, and completes a task, even when challenging.						
Ease of learning – enjoys the challenge of a problem, assignment or issue. Learns quickly.						

Highly Recommended
 Recommended
 Not Recommended. If “not recommended,” please explain.

Comments:

Teacher Signature

Date