

Applicant Name: _____
Last, _____ First _____
Grade Applying for: (circle one) K 1 2 3 4 5 6 7 8 9 10 11 12

MAGNET SCHOOLS AND SPECIAL PROGRAMS OFFICIAL APPLICATION

FOR THE 2015-2016 SCHOOL YEAR



Richmond County Board of Education
864 Broad Street
Augusta, Georgia 30901
www.rcboe.org

<u>OFFICE USE ONLY</u>	DATE RECEIVED:
Date Received Front Desk: _____ by _____	
Date Received Data Entry: _____ by _____	
Date Processed Data: _____ by _____	
	Application # _____

Richmond County School System
MAGNET SCHOOLS AND SPECIAL PROGRAMS
OFFICIAL APPLICATION
FOR THE 2015-2016 SCHOOL YEAR

APPLICATIONS WILL BE ACCEPTED JANUARY 12 THROUGH 28, 2015
APPLICATION DEADLINE: JANUARY 28, 2015 BY 4:00 P.M.

PLEASE READ DIRECTIONS CAREFULLY

1. All completed applications and required supporting documents must be **received or postmarked by Wednesday, January 28, 2015 at 4:00 p.m.**
2. Applicants are allowed to choose a maximum of three (3) programs (1st, 2nd, and 3rd choice).
3. Please complete all required areas of the official application. Failure to sign and/or complete all sections may result in the application not being processed.
4. All notifications from schools will be mailed to the address provided on the application.
5. Submit copies of the required documents listed below with the official application. Supporting documents will not be returned. **RCSS will not be able to notarize applications nor make copies of supporting documents that are submitted.**
6. A minimum of two (2) business size (4½" x 9½") self-addressed (To the Parent of: *student name*) stamped envelopes must be provided for each school you select. (ie: If you choose the maximum of three schools you will submit a total of 6 envelopes.) Oversized envelopes are not accepted.
7. Submit the completed application (pages 1-7) and the supporting documents to Richmond County Board of Education Building. Individual schools will not be accepting applications.

Submit completed applications by
January 28, 2015 at 4:00 p.m. to:
Richmond County Board of Education
1st Floor Lobby Reception Desk (Broad St)
Monday-Friday, 8:00 a.m. - 4:00 p.m.
Applications accepted from January 12 – 28, 2015
RCBOE Building will be closed: January 19, 2015

Mail completed applications postmarked
by January 28, 2015 to:
Richmond County Board of Education
Attn: Magnet School Applications
864 Broad Street, Suite 427
Augusta, Georgia 30901

REQUIRED SUPPORTING DOCUMENTS TO BE SUBMITTED WITH THIS OFFICIAL APPLICATION

- ✓ 1st Semester Report Card from Current School (1st -12th grade applicants)
- ✓ Two (2) documents of proof of residency
- ✓ Two (2) Teacher Recommendation Forms (sealed by teacher in envelope)
- ✓ Two (2) self-addressed stamped envelopes for each program you select.
- ✓ Birth Certificate (Kindergarten applicants)
- ✓ DIBELS Scores (1st – 3rd grade applicants)
- ✓ Easy CBM (4th-5th grade applicants)
- ✓ Spring 2014 CRCT Test Results (English/Language Arts, Reading, Math, Social Studies, and Science scores for 4th-8th grade applicants)
- ✓ Lexile Scores (4th- 12th grade applicants)
- ✓ High School Transcript to include SAT, ACT, and EOCT scores from Current School (10th, 11th, & 12th grade applicants)

(Note: Private school applicants must submit comparable standardized test scores and a letter from a school administrator if conduct grade is not printed on the report card.)



MAGNET SCHOOLS AND SPECIAL PROGRAMS OFFICIAL APPLICATION

FOR THE 2015-2016 SCHOOL YEAR

Directions:

1. Applications must be received by January 28, 2015.
2. Use complete LEGAL name as it appears on birth certificate.
3. Use black or blue ink to fully complete the application packet.
4. Read and sign all necessary pages.

STEP 1 : CIRCLE GRADE STUDENT IS APPLYING FOR		
ELEMENTARY: K 1 2 3 4 5	MIDDLE: 6 7 8	HIGH: 9 10 11 12

STEP 2 : CHOOSE UP TO THREE (3) SCHOOLS APPLYING FOR		
RANK YOUR ORDER OF PREFERENCE: 1, 2, OR 3 IN THE BOX BESIDE YOUR SCHOOL OF CHOICE.		
ELEMENTARY		
	MIDDLE	HIGH
C.T. Walker Traditional Magnet	A.R. Johnson Health/Sci Eng Magnet	A.R. Johnson Health/Sci Eng Magnet
A. Dorothy Hains STEM Program	C.T. Walker Traditional Magnet	Davidson Fine Arts Magnet
Jenkins-White Arts Infusion Program	Davidson Fine Arts Magnet	Richmond County Technical Career Magnet
Lake Forest Hills IB Programme		Academy of Richmond County IB Programme
Warren Road Arts Infusion Program		Lucy C. Laney Adv. Placement Program
		Cross Creek Academy of Military Science

STEP 3: ENTER STUDENT INFORMATION									
STUDENT LAST NAME					STUDENT FIRST NAME				MI
STREET ADDRESS (No PO Boxes)					APT #				
CITY				STATE	ZIP CODE		PHONE NUMBER - HOME		

STEP 4: CIRCLE RACIAL CATEGORY				
<input type="checkbox"/> Native American/Alaskan Native	<input type="checkbox"/> Asian	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> White

STEP 5: ARE YOU HISPANIC?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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STEP 6: BIRTHDATE	MM/DD/YYYY							CURRENT AGE	
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STEP 7: ENTER CURRENT SCHOOL / ZONED SCHOOL FOR NEXT YEAR	
CURRENT SCHOOL STUDENT ATTENDS	STUDENT ZONED SCHOOL FOR NEXT YEAR

STEP 8: Is student currently being serviced in Gifted Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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STEP 9: ENTER PARENT/GUARDIAN INFORMATION (FATHER)		
PARENT/GUARDIAN LAST NAME (FATHER)		PARENT/GUARDIAN FIRST NAME (FATHER)
PHONE NUMBER - CELL	PHONE NUMBER - WORK	EMAIL (FATHER)

STEP 10: ENTER PARENT/GUARDIAN INFORMATION (MOTHER)		
PARENT/GUARDIAN LAST NAME (MOTHER)		PARENT/GUARDIAN FIRST NAME (MOTHER)
PHONE NUMBER - CELL	PHONE NUMBER - WORK	EMAIL(MOTHER)

SYSTEM-WIDE REQUIREMENTS FOR MAGNET SCHOOLS & SPECIAL PROGRAMS

Applicants must meet the following requirements for the Magnet Schools and Special Programs:

- Applicants must be a resident of Richmond County.
- Applicants must have an 80 or higher average in each subject and in conduct.
- Applicants must meet expectations on the Spring 2014 CRCT

TESTING REQUIRMENTS FOR MIDDLE & HIGH SCHOOL PROGRAMS

(Academy of Richmond County IB, A.R. Johnson, C.T. Walker, Davidson Fine Arts, Lucy C. Laney and Richmond County Technical Career Magnet)

Applicants applying to the above programs will participate in a system-wide assessment for Reading, Writing, and Math. The test will be held on Saturday, February 7, 2015, from 8:30 a.m. to 12:00 noon. Applicants are encouraged to bring a snack. This is the **ONLY** date this test will be administered. If the applicant does not complete this required assessment they will be removed from the application process.

6 th Grade Applicants (current 5 th grade) :	Report to Academy of Richmond County
7 th , 8 th , & 9 th Grade Applicants (current 6 th , 7 th , 8 th grade) :	Report to A.R. Johnson
10 th , 11 th , & 12 th Grade Applicants (current 9 th , 10 th , & 11 th grade):	Report to Davidson Fine Arts

ADDITIONAL REQUIREMENTS FOR SCHOOL SPECIFIC PROGRAMS**C.T. Walker Traditional Magnet School**

- All students applying for kindergarten will be asked to take a kindergarten readiness assessment to be held at C.T. Walker on February 14, 2015. Parents will be notified of specific testing times by letter.

John S. Davidson Fine Arts Magnet School

- All applicants are required to audition on February 21, 2015, to be held at Davidson Fine Arts. If an applicant does not complete the Davidson audition he/she will be removed from the application process.
- All middle school applicants are required to take a general audition in all fine arts areas (Music, Dance, Drama, Visual Arts, and Creative Writing). In addition, applicants with a minimum of two years of private lessons may request a solo audition.
- All high school applicants are required to audition in Creative Writing. Also, high school applicants may choose to take the general audition in the fine arts areas (Music, Dance, Drama, Visual Arts) or request a solo audition in a specific fine arts area.
- Solo applications may be picked-up at Davidson or downloaded at davidson.rcboe.org. Davidson Fine Arts solo applications must be submitted with this official application to the RCBOE Building.
- Students submitting out-of-state applications must contact the Davidson Fine Arts Guidance Office at 706-823-6924 ext. 108 by January 30, 2015, to receive your audition procedures. The audition materials must be submitted to Davidson and received by February 20, 2015.

A.Dorothy Hains Elementary School STEM Program

- Applicants must reside in Richmond County District 6 or District 8. (see school website for schools in these districts)
- Transportation must be provided by parent/guardian.
- All students applying for kindergarten will be asked to take a kindergarten readiness assessment to be held at A. Dorothy Hains. Parents will be notified of testing times by letter.

A.R. Johnson Health Science and Engineering Magnet School

- All students will complete a career interest inventory and a science assessment that will be held at A.R. Johnson. Parents will be notified of testing times by letter.

Lake Forest Hills Elementary School IB Programme

- Testing will be conducted at Lake Forest Hills Elementary on Tuesday, February 10, 2015, for Kindergarten, 4th and 5th grade applicants and Wednesday, February 11, 2015, for 1st – 3rd grade applicants. Parents must provide transportation to the test. Parents will receive further information by mail. Please contact the school if you have not received a letter by February 9th.

Cross Creek Academy of Military Science

- Students must declare NJROTC as pathway.
- Students must meet the grooming and uniform requirements as set forth by the Navy.

Warren Road Elementary School Arts Infusion

- Applicants must reside from Richmond County District 3 or District 7. (see school website for schools in these districts)
- Transportaion must be provided by the parent/guardian
- All students applying for kindergarten (Arts Infusion) must take a kindergarten readiness assessment.
- Students in grades 1 – 5 must have a passing Mclass/Dibels score.

AGREEMENT OF UNDERSTANDING

Applicant Name: _____

By signing below, I indicate that I have read the agreement of understanding and I acknowledge the conditions of this application.

- Applicants are allowed to choose a **MAXIMUM OF THREE (3) PROGRAMS**.
- This application is valid for the 2015-2016 school year.
- I understand that my child must participate in the required testing that will be administered. If my child does not participate in this test, I understand the my child will be removed from the 2015-2016 application process.
- It is the policy of the Richmond County Board of Education to afford equal opportunity in education to qualified students. If your child has a disability that may affect his/her participation in the selected program area, you are encouraged to voluntarily provide information about his/her disability by attaching it to the completed application. This information will be considered after the initial review committee has completed their application review, for accommodations purposes only. Admission criteria will not be waived, but accommodations will be made where possible to allow your child to meet the requirements.
- I understand my child is expected to attend school daily, to arrive promptly, and to remain throughout the scheduled hours.
- I understand my child is to cooperate and conduct himself/herself with teachers, other adults, and classmates in a manner showing respect to all persons.
- I understand my child is to complete all required work, including homework and work missed due to conflicting performances, field trips, and/or illness.
- I understand my child must adhere to all school policies and/or Richmond County Board of Education policies.

I hereby give permission for my child to be screened for admission to the Magnet/Special program. If accepted, he/she will be enrolled as a full-time student at the school of acceptance for the entire academic year. My child must demonstrate acceptable performance (as determined by school-site policy) in order to remain in the Magnet/Special program.

NOTARIZED STATEMENT

- Both the student and parent or guardian are bona fide residents of and domiciled in Richmond County, Georgia.
- I further understand and agree that two official documents establishing Richmond County residency must be presented with the application and at registration each year. Preferable evidence is homestead exemption, ad valorem tax bill or voter registration.
- Additionally, if either the student or parent/guardian, or both, ceases to be a bona fide resident of Richmond County, the school shall be promptly notified, to allow a prompt determination as to whether the student remains eligible to attend this school.

Personally appeared before the undersigned attesting officer fully authorized to administer oaths in the State of Georgia, the undersigned, who after being duly sworn, does depose and say on oath as follows:

Sworn to and subscribed before
me this _____ day of _____, 20 _____

Parent/Guardian Signature

Date

Notary Public



MAGNET SCHOOLS AND SPECIAL PROGRAMS RECOMMENDATION FORM #1

FOR THE 2015-2016 SCHOOL YEAR

To the Student:

- Step 1: Please complete the upper portion of this recommendation form before delivering to your teacher.
- Step 2: Deliver this form to your preferred recommendation teacher for completion.
- Step 3: Include teacher recommendation (in sealed, signed envelope) with your submitted application.

Student's First Name: _____ Student's Last Name: _____

Current School: _____ Current Grade: _____

To the Teacher:

- Step 1: Please complete the teacher recommendation section of this form.
- Step 2: Place the recommendation in a sealed and signed (on the back flap) envelope before returning to student.

- **NO FAXED RECOMMENDATIONS WILL BE ACCEPTED FOR THIS APPLICATION.**
- **APPLICATIONS WILL NOT BE CONSIDERED UNLESS THIS RECOMMENDATION FORM IS INCLUDED IN THE SUBMITTED APPLICATION PACKET.**
- **COMPLETED STUDENT APPLICATIONS DUE BY JANUARY 28, 2015**

Teacher Name: (print) _____ Subject: _____

How do you rate the applicant's following characteristics, compared to other students. Please rate the student using the following numbers: 5 = Outstanding, 4 = Very Good, 3 = Average, 2 = Below Average. A total of 40 represents the highest recommended score.

Please total the recommended score.

	Outstanding	Very Good	Average	Below Average	Total
Academic/Artistic Achievement					
Interpersonal Skills					
Maturity					
Motivation					
Oral Communication					
Written Communication					
Integrity					
Analytical/Critical Thinking					
Overall Score					

RECOMMENDATION: **Highly Recommend** **Recommend** **Do Not Recommend**

I hereby certify that all the above information is accurate to the best of my knowledge.

Teacher Signature: _____ Date: _____



MAGNET SCHOOLS AND SPECIAL PROGRAMS RECOMMENDATION FORM #2

FOR THE 2015-2016 SCHOOL YEAR

To the Student:

- Step 1: Please complete the upper portion of this recommendation form before delivering to your teacher.
- Step 2: Deliver this form to your preferred recommendation teacher for completion.
- Step 3: Include teacher recommendation (in sealed, signed envelope) with your submitted application.

Student's First Name: _____ Student's Last Name: _____

Current School: _____ Current Grade: _____

To the Teacher:

- Step 1: Please complete the teacher recommendation section of this form.
- Step 2: Place the recommendation in a sealed and signed (on the back flap) envelope before returning to student.

- **NO FAXED RECOMMENDATIONS WILL BE ACCEPTED FOR THIS APPLICATION.**
- **APPLICATIONS WILL NOT BE CONSIDERED UNLESS THIS RECOMMENDATION FORM IS INCLUDED IN THE SUBMITTED APPLICATION PACKET.**
- **COMPLETED STUDENT APPLICATIONS DUE BY JANUARY 28, 2015**

Teacher Name: (print) _____ Subject: _____

How do you rate the applicant's following characteristics, compared to other students. Please rate the student using the following numbers: 5 = Outstanding, 4 = Very Good, 3 = Average, 2 = Below Average. A total of 40 represents the highest recommended score.

Please total the recommended score.

	Outstanding	Very Good	Average	Below Average	Total
Academic/Artistic Achievement					
Interpersonal Skills					
Maturity					
Motivation					
Oral Communication					
Written Communication					
Integrity					
Analytical/Critical Thinking					
Overall Score					

RECOMMENDATION: **Highly Recommend** **Recommend** **Do Not Recommend**

I hereby certify that all the above information is accurate to the best of my knowledge.

Teacher Signature: _____ Date: _____