

# The Academies at Secaucus High School

## Application for Acceptance

**Please select one:**

\_\_\_\_\_ Science, Technology, Engineering,  
and Mathematics (S.T.E.M.) Academy

\_\_\_\_\_ Media and Communications Academy

**Applicant Information**

First Name	Last Name	School	Date	Grade
Address		City	State	Zip
Home Phone Number	Student Alternate Phone Number	Parent Emergency Phone Number		

**Prior Related Experience** (e.g., summer employment, community work, clubs)

From	To	Role/Job Title	Duties
Organization or Business Name		Contact Reference Name	Contact Phone Number
From	To	Role/Job Title	Duties
Organization or Business Name		Contact Reference Name	Contact Phone Number

Student Name \_\_\_\_\_

**Personal Essay**

*Why are you applying to the Academy?*

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**Signature Section**

- I/We verify the information on this application is true and accurate.
- I/We have read, understand and agree with the requirements, and understand that all policy and rules for the District of Secaucus remain in effect and apply to any volunteer or other work.
- I/We understand that any application requires the student to attend either group or individual interview and seminar time after school.

Student Printed Name	Student Signature	Date
Parent/Guardian Printed Name	Parent/Guardian Signature	Date

***Please return this application to the Guidance Office.***

Student Name \_\_\_\_\_

**Teacher Recommendation**

The following student has applied for acceptance into the following Academy at Secaucus High School:

\_\_\_\_\_ *Science, Technology, Engineering,  
and Mathematics (S.T.E.M.) Academy*

\_\_\_\_\_ *Media and Communications Academy*

Please comment of this student's work ethic, level of respect for others, and dependability.

Name of Student: \_\_\_\_\_

Name of Teacher: \_\_\_\_\_ **Date:** \_\_\_\_\_

Rating: \_\_\_\_\_ (1=Excellent, 2=Good, 3=Fair)

Comments:

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**Teacher Signature:** \_\_\_\_\_

*Please return this form as soon as possible to the Guidance Department. Thank you for your time.*