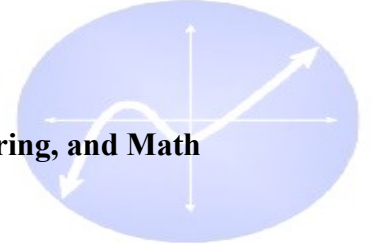




# Spartanburg School District Six STEM Program

An Accelerated Honors Curriculum in Science, Technology, Engineering, and Math

## Application for Admission



Please PRINT Clearly

<hr/>	<hr/>	<hr/>
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
<hr/>		
<b>Street Address</b>		
<hr/>		
<b>City</b>	<b>State</b>	<b>Zip Code</b>
<hr/>		
<b>Home Phone Number</b>	<b>Student Email Address</b>	
<hr/>	<hr/>	
<b>Date of Birth (MM/DD/YY)</b>	<b>Gender</b>	
<hr/>	<hr/>	
<b>Current Middle School</b>	<b>Current Math Course (check one)</b>	
<hr/>	<input type="checkbox"/> Honors Geometry <input type="checkbox"/> Honors Algebra I <input type="checkbox"/> Other– please specify _____	
<b>Father/ Guardian Name</b>	<b>Daytime Phone Number</b>	<b>Email</b>
<hr/>	(____) _____ - _____	<hr/>
<b>Mother/Guardian Name</b>	<b>Daytime Phone Number</b>	<b>Email</b>
<hr/>	(____) _____ - _____	<hr/>
<b>Please Provide the names of your current math and science teachers.</b>		
<b>8th Grade Math Teacher:</b> _____		
<b>8th Grade Science Teacher:</b> _____		

I hereby submit application for my child to be considered for admission to the STEM Accelerated Honors Program at Dorman High School and give my permission for school officials to request and report my child's academic records when required. I understand that the teacher information and test results will be maintained in confidence by the screening committee. I also understand that educator recommendations are confidential.

\_\_\_\_\_  
**Parent/Guardian Signature**

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year

NAME: \_\_\_\_\_  
Last First MI

**Applicant:** Fill in your full name and present this form to your 8th grade math teacher.

**8th Grade MATH Teacher**

Indicate your overall recommendation of the applicant for the STEM program by checking the response you deem appropriate. This recommendation is confidential.

<b>Do NOT Recommend</b>	<b>Recommend With Reservations</b>	<b>Recommend</b>	<b>Highly Recommend</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1st Semester Grade Earned: \_\_\_\_\_  
Comments (optional): \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
          Month       Day       Year

\_\_\_\_\_  
Name of Course Taught

\_\_\_\_\_  
Printed Teacher's Name

\_\_\_\_\_  
Teacher's Signature

**MATH Teachers:** Please give this form to the science teacher indicated on the front of the application.

**8th Grade SCIENCE Teacher**

Indicate your overall recommendation of the applicant for the STEM program by checking the response you deem appropriate. This recommendation is confidential.

<b>Do NOT Recommend</b>	<b>Recommend With Reservations</b>	<b>Recommend</b>	<b>Highly Recommend</b>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

1st Semester Grade Earned: \_\_\_\_\_  
Comments (optional): \_\_\_\_\_

Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
          Month       Day       Year

\_\_\_\_\_  
Name of Course Taught

\_\_\_\_\_  
Printed Teacher's Name

\_\_\_\_\_  
Teacher's Signature

**SCIENCE Teachers:** Please return completed forms to Guidance to be sent to Whitney Stancil at the DO by March 14.



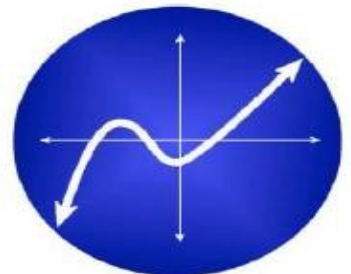
**Science**



**Technology**



**Engineering**



**Mathematics**