

Office use only: Received _____ by _____

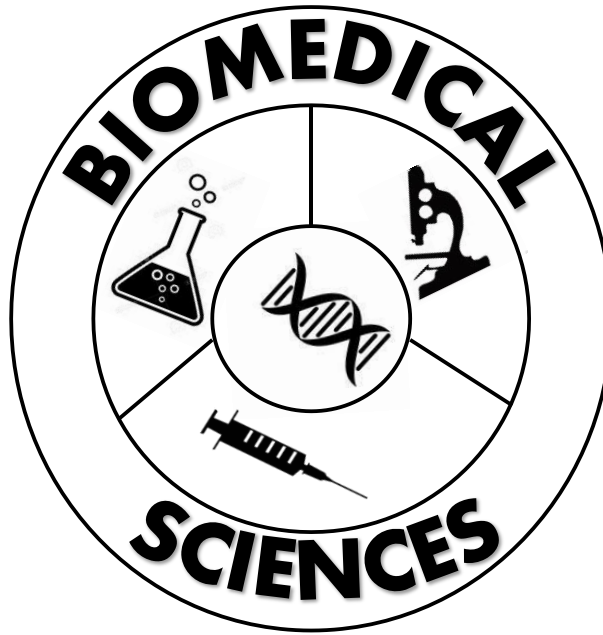
3 Recommendations Report card Signed Agreement



**BE FUTURE
READY**



***Opelousas High School
Magnet Academy of
Biomedical Sciences***



1014 Jusdon Walsh Dr. , Opelousas, LA 70570

337.948.8499

<https://opelousashigh.slp.k12.la.us>

Mrs. Gina Readore, Facilitator

Dr. Rodney Johnson, Principal

DEADLINE: April 27, 2018 (No late applications will be accepted.)

Physical Address	Street Address: Apt # City, State Zip Code
Mailing Address (if the same, write "same")	
Bus# for 2017-18	
Bus Driver's Name for 2017-18	
Will you need bus transportation to the academy if accepted?	<input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> unsure
Do you have siblings currently attending the academy? If yes, indicate the name(s).	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>If your child has an IEP (individual education plan) or IAP (504 plan) please check below and send a copy with this application. Please contact Mrs. Readore for a meeting. This will not affect your child's acceptance into the academy, but will only ensure that your child's educational plan continues smoothly into high school.</p> <p>My child has an <input type="checkbox"/> IEP <input type="checkbox"/> IAP / 504 plan <input type="checkbox"/> My child does not have one</p>	

Mail or deliver the original application to

St. Landry Parish School Board
OHS Biomed Application
1013 Creswell Lane
Opelousas, LA 70570
by May 1st.

*****NO LATE APPLICATIONS WILL BE ACCEPTED*****

A brief interview (in person or by phone) will be conducted for all applicants.

If required, the OHS Academy Lottery will be held and 75 selected students' names will be announced at the St. Landry Parish School Board Meeting on May 3rd.

Parents will receive a letter in the mail stating whether or not their child was accepted to the program by May 14th.

To ensure your application package is complete, check that the following documents are in your manila envelope:

- completed student information page 3 letters Recommendations in sealed envelope with signatures on back
- Report card Letter of intent Signed agreement

Part 2 – Letter of Intent

A letter of intent must accompany your application. In the space provided, please write your letter of intent. Note: Used only as a writing sample. Please use correct grammar, spelling, and punctuation in your letter. You may hand-write or type-write your letter. Add an additional sheet if necessary. Your letter must address the following:

- The biomedical career field in which you are interested;
- Why you want to participate in the OHS Academy of Biomedical Sciences;
- Your personal strengths and skills related to the healthcare field in which you are interested;
- Your skills, talents, work and life experiences, languages, computer and organizational skills;
- How you think your career and academic goals will be supported by the experience at the OHS Academy of Biomedical Sciences

Part 3: Agreement

Applicant and Parent

1. I understand that I will need access to technology/computer on a regular basis.
2. I understand that the Magnet Academy of Biomedical Sciences is a science-enriched program that requires diligence and has rigor; therefore, it is in my best interest that I have and maintain a 2.00 GPA.
3. I understand that if I am accepted in the OHS Academy of Biomedical Sciences I will be committed to:
 - a. Completing all of the necessary Academy courses
 - b. Following all of the school and Academy regulations
 - c. Completing an Academy Internship during the summer between Junior and Senior year
 - d. Being an Academy participant for the entire school day, including my senior year.
 - e. I understand that per the St. Landry Parish School Board Pupil Progression Plan, all PLTW courses adhere to the following GPA scale (beginning with the 2017-18 cohort and beyond)

Grade	Percentage	Quality Points
A	100 - 93	5
B	92 - 85	4
C	84 - 75	3
D	74 - 67	2
F	66 - 0	1

4. I understand that by signing this application, I agree to attend the OHS Magnet Academy of Biomedical Sciences for the whole school year.
5. I understand that I must pass all standardized test in my 8th grade year AND be promoted to 9th grade in order to be eligible for the academy.
6. I understand that my Academy Magnet status will be rescinded if I:
 - a. Have less than 95% attendance (not including excused absences),
 - b. Am not promoted to the next grade level, and/or
 - c. Show a pattern of misconduct through multiple disciplinary actions.
7. I attest that everything I have included in this application is true.

Parent(s)

I have read with my child this application, agreement and the information document and approve of my child's participation in the OHS Magnet Academy of Biomedical Sciences. I agree to release my child's school records to the Academy Admission Committee for use in the application process.

I understand that by signing this form, I agree that my child will attend the OHS Magnet Academy of Biomedical Sciences for the whole school year.

I waive my rights to view the recommendations of my child's current teachers and administrator.

Applicant and Parent/Guardian's Signatures:

Date: _____

Date: _____

Part 4 – Recommendations #1 - Opelousas High Magnet Academy of Biomedical Sciences

Please give this form to your 2017-2018 math and science teachers for recommendation. Each applicant is required to submit two (2) teacher recommendations, one from the math teacher, and one from the science teacher of 2017-2018. You will also need a recommendation from your principal or assistant principal.

Current Math and Science Teacher(s)

Student's Name: _____ 2017-18 School Attended: _____

Teacher's Name: _____ Subject Taught to Student: _____

The above named student is applying to the OHS Magnet Academy of Biomedical Science, a science-enriched program that requires diligence and rigor and has been asked to submit this form to his or her science or math teacher(s). **Please complete the confidential recommendation form to applicant in a sealed envelope with your signature on the back tab by April 27th.** The student and his/her parents have waived their rights to see this recommendation; please feel free to provide us with an open and honest opinion on the traits of this student.

Please check one.	EXCELLENT	GOOD	FAIR	POOR
Character (honesty, attitude, etc.)				
Class Participation				
Discipline/Behavior in Class				
Timely completion of Assignments/Homework				
Social Relationship with Peers				
Relationship with Adults/Respect for Authority				
Ability to work in groups				
Stays on task				
Science Teacher: Science Skills Math Teacher: Math Skills				
Punctuality to Class				
Use of Technology (computer, etc.)				
Student's Ability to Function in High School Honors Courses for Core Content Classes				

Comments or concerns (You may attach a letter if additional space is needed.):

Overall recommendation:

- Highly Recommend
 Recommend
 Recommend with reservations
 Do not recommend

Teacher's signature _____ Date _____

Part 4 - Recommendations #2 - Opelousas High Magnet Academy of Biomedical Sciences

Please give this form to your 2017-2018 math and science teachers for recommendation. Each applicant is required to submit two (2) teacher recommendations, one from the math teacher, and one from the science teacher of 2017-2018. You will also need a recommendation from your principal or assistant principal.

Current Math and Science Teacher(s)

Student's Name: _____ 2017-18 School Attended: _____

Teacher's Name: _____ Subject Taught to Student: _____

The above named student is applying to the OHS Magnet Academy of Biomedical Science, a science-enriched program that requires diligence and rigor and has been asked to submit this form to his or her science or math teacher(s). **Please complete the confidential recommendation form to applicant in a sealed envelope with your signature on the back tab by April 27th.** The student and his/her parents have waived their rights to see this recommendation; please feel free to provide us with an open and honest opinion on the traits of this student.

Please check one.	EXCELLENT	GOOD	FAIR	POOR
Character (honesty, attitude, etc.)				
Class Participation				
Discipline/Behavior in Class				
Timely completion of Assignments/Homework				
Social Relationship with Peers				
Relationship with Adults/Respect for Authority				
Ability to work in groups				
Stays on task				
Science Teacher: Science Skills Math Teacher: Math Skills				
Punctuality to Class				
Use of Technology (computer, etc.)				
Student's Ability to Function in High School Honors Courses for Core Content Classes				

Comments or concerns (You may attach a letter if additional space is needed.):

Overall recommendation:

Highly Recommend Recommend Recommend with reservations Do not recommend

Teacher's signature _____ Date _____

Part 4 - Recommendations #3 - Opelousas High Magnet Academy of Biomedical Sciences

Please give this form to your 2017-2018 math and science teachers for recommendation. Each applicant is required to submit two (2) teacher recommendations, one from the math teacher, and one from the science teacher of 2017-2018. You will also need a recommendation from your principal or assistant principal.

Administrator's Recommendation

Student's Name: _____ 2017-18 School Attended: _____

Principal or Asst. Principal's Name: _____

The above named student is applying to the OHS Magnet Academy of Biomedical Science, a science-enriched program that requires diligence and rigor and has been asked to submit this form to his or her principal or assistant principal. **Please complete the confidential recommendation form to applicant in a sealed envelope with your signature on the back tab by April 27th.** The student and his/her parents have waived their rights to see this recommendation; please feel free to provide us with an open and honest opinion on the traits of this student.

Please check one.	EXCELLENT	GOOD	FAIR	POOR
Character (honesty, attitude, etc.)				
Social Relationship with Peers				
Relationship with Adults/Respect for Authority				
Academic potential				
Academic performance				
Attendance				
Citizenship				
Behavior				
Leadership				
Participation in activities				
Overall evaluation of student				

Comments or concerns (You may attach a behavior report and/or letter if additional space is needed.):

Overall recommendation:

- Highly Recommend
 Recommend
 Recommend with reservations
 Do not recommend

Principal's signature _____ Date _____