

**Creekside High School**  
**Advanced Scholars Program**  
**Rising Freshman Application 2017-2018**



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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I am zoned for Creekside H.S. (please circle):

YES

NO\*

\* If No, please list which academy you have been accepted to: \_\_\_\_\_

Student, please circle preferred Foreign Language: Spanish 1 or 2 American Sign Language 1

**STATEMENT OF UNDERSTANDING:**

I understand that any student accepted into the Creekside High School Advanced Scholars Program must remain in it for the entire year. Required classes as outlined in the course selections on the back of the brochure cannot be changed or dropped. If my grades are not maintained at a C or higher, I may be removed from the program. If I wish to drop a class (and thus be removed from the ASP) I will be held to the requirements of the SJCS D Pupil Progression Plan, as are all students. I also understand that continuation in this program is dependent upon academic success and good behavior. I agree to commit my best attitude and work ethic to the program and promise to follow the Knights Code of Honor.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Students wishing to apply to the ASP must submit this completed application, the teacher recommendation form, and a copy of **most recent** report card to Denise Heidenreich, CHS school counselor, no later than February 10 2017. Applicants will be notified by US Mail after February 22, 2017.

\* Students may be accepted after this date, dependent upon availability of seats in required classes and on a case-by-case basis.

### **Teacher Course Recommendation Form for ASP Applicants**

Students applying for the Advanced Scholars Program (ASP) at Creekside High School must complete the items in bold (student name/current school/teacher names), and then provide a copy of this form to the first teacher on the list with as much advanced notice as possible prior to the ASP application deadline of February 10, 2017.

**Student Name (please print):** \_\_\_\_\_ **Current School** \_\_\_\_\_

Dear Teachers,

The student above is applying for admission to the Creekside High School Advanced Scholars Program. Please indicate which 9<sup>th</sup> grade course you believe is most appropriate for this student, and then pass this form on to the next teacher on the list. If you are the final teacher to receive this form, please send it via school mail to Denise Heidenreich, School Counselor at Creekside High School. Thank you!

**8<sup>th</sup> Grade English Language Arts Teacher Name:** \_\_\_\_\_

Recommended course for 9<sup>th</sup> grade: (Please circle one)

English 1 Honors                      English 1

ELA Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8<sup>th</sup> Grade Mathematics Teacher Name:** \_\_\_\_\_

Recommended course for 9<sup>th</sup> grade: (Please circle one)

Algebra 1 Honors      Algebra 1      Geometry Honors      Geometry      Algebra 2 Honors      Algebra 2

Math Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8<sup>th</sup> Grade Science Teacher Name:** \_\_\_\_\_

Recommended course for 9<sup>th</sup> grade: (Please circle one)

Biology Honors                      Physical Science

Science Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**8<sup>th</sup> Grade Social Studies Teacher Name:** \_\_\_\_\_

Recommended course for 9<sup>th</sup> grade: (Please circle one)

AP Human Geography              World Cultural Geography

Social Studies Teacher Signature: \_\_\_\_\_ Date: \_\_\_\_\_

\*Please return this form via school mail directly to Denise Heidenreich, School Counselor, at Creekside High School.\*