

# 2015-16 Student Application Coversheet (Page 1 of 6)

John Hay Campus 2075 Stokes Boulevard - Cleveland, Ohio 44106

"The primary goal of the Cleveland Metropolitan School District is to become a premier school district in the United States of America"

Completed applications are due the 1<sup>st</sup> Tuesday of the each month starting November 4, 2014 until May 5, 2015

The admission process of the School of Architecture & Design and Early College High Schools at John Hay requires a completed application that will then be reviewed by The Committee for the 2015-16 school year. After review, parent/guardian will receive correspondence from the school.

Student Name Last: \_\_\_\_\_ First: \_\_\_\_\_

School: \_\_\_\_\_ Current Grade: \_\_\_\_\_

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

School Phone: \_\_\_\_\_ Principal: \_\_\_\_\_

## **A completed application package requires ALL of the following items:**

- Student Application Coversheet**
- Student Information/Essay**
- Parent/Guardian Information**
- English Teacher Recommendation**
- Mathematics Teacher Recommendation**
- Principal or Guidance Counselor Recommendation**
- Official copy of most recent OAA scores or OGT, if applicable**
- Official copy of most recent report card with attendance data**
- Official copy of IEP, ETR and/or 504 Plan if applicable**
- Please indicate which particular small school at John Hay Campus is your first or second choice by writing 1 or 2 in the boxes listed below**

### **School of Architecture and Design**

\_\_\_\_\_  
Tianna Maxey, Principal

School Office Number: (216) 229-0100

School Fax Number: (216) 229-0072

**GPA Requirement: 3.0 and Proficient OAA scores (400 and above)**

### **Cleveland Early College High School**

\_\_\_\_\_  
Carol Lockhart, Principal

School Office Number: (216) 229-0200

School Fax Number: (216) 229-0087

**GPA Requirement: 3.5 and Proficient OAA Scores (400 and above)**



## 2015-16 Parent/Guardian Information (Page 3 of 6)

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

**Please complete the following Parent/Guardian information:**

Mother  Guardian

Father  Guardian

Name \_\_\_\_\_

Name \_\_\_\_\_

E-mail \_\_\_\_\_

E-mail \_\_\_\_\_

Home address \_\_\_\_\_

Home address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Name of employer \_\_\_\_\_

Name of employer \_\_\_\_\_

Work Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

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1. Does your child require any special personal and/or academic support at home or at school? (For example, IEP, ETR, 504 Plan, counseling or medical accommodations etc.) Please provide details in the space below.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Is there anything else that you would like the Committee to know about your child?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has the student ever attended or applied to John Hay Campus in the past?  No  Yes

If yes, to which small school? \_\_\_\_\_

I/We have provided accurate information and agree that John Hay Campus may contact the school and persons listed herein for further information.

**Signature of parent/guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

**Relatives who are students of the small schools at John Hay or alumni:**

Name \_\_\_\_\_ Small School \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Small School \_\_\_\_\_ Relationship \_\_\_\_\_

## 2015-16 English Teacher Recommendation (Page 4 of 6)

Student's Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Please evaluate the student based on the following characteristic categories listed below by placing an "X" in the appropriate column. Thank you!

RATING Categories	EXCELLENT	GOOD	FAIR	POOR	NO BASIS FOR JUDGEMENT
Ability to Follow Directions					
Ability to Meet Deadlines					
Ability to Resolve Conflicts					
Ability to Solve Problems					
Ability to Work with Others					
Classroom Behavior					
Effort/Self-Motivation					
Organizational Skills					
Study Skills					

1. How well does this student master the content of your course?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Is there anything else that you would like The Committee to know about this student?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Based on the student's overall performance, I recommend this student with:

Strong Enthusiasm     Mild Enthusiasm     Without Enthusiasm

Length of time acquainted with student: \_\_\_\_\_ Name of School: \_\_\_\_\_

Recommendation Completed By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of time acquainted with student: \_\_\_\_\_ Name of School: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## 2015-16 Mathematics Teacher Recommendation (Page 5 of 6)

Student's Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Please evaluate the student based on the following characteristic categories listed below by placing an "X" in the appropriate column. Thank you!

RATING Categories	EXCELLENT	GOOD	FAIR	POOR	NO BASIS FOR JUDGEMENT
Ability to Follow Directions					
Ability to Meet Deadlines					
Ability to Resolve Conflicts					
Ability to Solve Problems					
Ability to Work with Others					
Classroom Behavior					
Effort/Self-Motivation					
Organizational Skills					
Study Skills					

1. How well does this student master the content of your course?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. Is there anything else that you would like The Committee to know about this student?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Based on the student's overall performance, I recommend this student with:

*Strong Enthusiasm*    
  *Mild Enthusiasm*    
  *Without Enthusiasm*

Length of time acquainted with student: \_\_\_\_\_ Name of School: \_\_\_\_\_

Recommendation Completed By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of time acquainted with student: \_\_\_\_\_ Name of School: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## 2015-16 Principal/Guidance Recommendation (Page 6 of 6)

Student's Name \_\_\_\_\_ Current Grade Level \_\_\_\_\_

Please evaluate the student based on the following characteristic categories listed below by placing an "X" in the appropriate column. Thank you!

RATING Categories	EXCELLENT	GOOD	FAIR	POOR	NO BASIS FOR JUDGEMENT
Ability to Follow Directions					
Ability to Meet Deadlines					
Ability to Resolve Conflicts					
Ability to Solve Problems					
Ability to Work with Others					
Classroom Behavior					
Effort/Self-Motivation					
Organizational Skills					
Study Skills					

1. How does this student fit into the culture of your school?

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2. Is there anything else that you would like The Committee to know about this student?

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3. Based on the student's overall performance, I recommend this student with:

*Strong Enthusiasm*    
  *Mild Enthusiasm*    
  *Without Enthusiasm*

Length of time acquainted with student: \_\_\_\_\_ Name of School: \_\_\_\_\_

Recommendation Completed By: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Length of time acquainted with student: \_\_\_\_\_ Name of School: \_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_