



APPLICATION FOR SOUTHERN GUILFORD ACADEMY PROGRAMS  
2009-2010 SCHOOL YEAR

Application period is February 7 - March 6, 2009

**PLEASE COMPLETE BOTH SIDES OF THIS APPLICATION BY PRINTING IN INK.**

Please check the Academy area of interest:

- The Southern Academy of Education
- The Southern Academy of Medical Sciences
- The Southern Academy of Agriscience

Name of student \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race  African-American  Asian  Caucasian  Hispanic  Native American  Multiracial

Name(s) of Parent/Legal Guardian \_\_\_\_\_

Home address \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip)

Residence phone \_\_\_\_\_ Business phone (m) \_\_\_\_\_ (f) \_\_\_\_\_

School assignment (by high school attendance zone) \_\_\_\_\_

School presently attending \_\_\_\_\_ Grade \_\_\_\_\_

Expected grade level for 2009-2010 \_\_\_\_\_

**PLEASE READ CAREFULLY:** By submitting this application you understand the commitment of effort and time your child is undertaking if accepted into one of the Southern Academies. This commitment includes agreeing to keep your child in the Academy for at least one semester. Enrollment at Southern is based on continuation in the SG Academy. Furthermore, you will be required to request reassignment at the end of each year for as long as your child is enrolled in the SG Academy. If at the end of any high school year your child is unwilling or unable to continue studies in the SG Academy, she/he will be reassigned to the high school of her/his attendance zone. Also, any academic, attendance or behavior problems will be sufficient cause to rescind any reassignment that may be granted.

\_\_\_\_\_  
(Parent/Guardian signature) Date \_\_\_\_\_

Please return this application no later than March 6, 2009 to:  
  
Bill Miller, Coordinator  
The Southern Academies  
5700 Drake Road  
Greensboro, NC 27406  
(336) 674-4250 EXT 556631

In compliance with federal laws, Guilford County Schools administers all educational programs, employment activities and admissions without discrimination because of race, religion, national or ethnic origin, color, age, military service, disability or gender, except where exemption is appropriate and allowed by law. Refer to the Board of Education's Discrimination Free Environment Policy AC for a complete statement. Inquiries or complaints should be directed to the Guilford County Schools Compliance Officer, 120 Franklin Boulevard, Greensboro, NC 27401; 336-370-2323.

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**For office use only:**  Student is recommended for The Southern Academy of \_\_\_\_\_ Grade Level \_\_\_\_\_.  
 Student is # \_\_\_\_\_ on a waiting list for The Southern Academy of \_\_\_\_\_.  
 Student is not eligible for The Southern Academy of \_\_\_\_\_.

Reason for ineligibility \_\_\_\_\_

Signature of The Southern Academies Coordinator or Principal \_\_\_\_\_ Date \_\_\_\_\_

(Once signed, the Academies Coordinator should make copy and send original to Student Assignment Office, 120 Franklin Blvd.)

All data and signatures on this page are required in order for the application to be considered.

**QUALIFICATIONS**

1. The student should currently be enrolled in Algebra I or Geometry.

Name of 8<sup>th</sup> grade math course \_\_\_\_\_

2. Recognitions/Achievements:

3. Extracurricular activities and interests:

**RECOMMENDATIONS**

**SOCIAL STUDIES** Grades: 1<sup>st</sup> Semester \_\_\_\_ 3<sup>rd</sup> quarter \_\_\_\_ Teacher's name \_\_\_\_\_

This student excels in the area of SOCIAL STUDIES and I recommend her/him for the Southern Academy program.

Teacher signature: \_\_\_\_\_

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

**ENGLISH** Grades: 1<sup>st</sup> semester \_\_\_\_ 3<sup>rd</sup> quarter \_\_\_\_ Teacher's name \_\_\_\_\_

This student excels in the area of ENGLISH and I recommend her/him for the Southern Academy program.

Teacher signature: \_\_\_\_\_

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

**SCIENCE** Grades: 1<sup>st</sup> semester \_\_\_\_ 3<sup>rd</sup> quarter \_\_\_\_ Teacher's name \_\_\_\_\_

This student excels in the area of SCIENCE and I recommend her/him for the Southern Academy program.

Teacher signature: \_\_\_\_\_

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

**MATHEMATICS** Grades: 1<sup>st</sup> semester \_\_\_\_ 3<sup>rd</sup> quarter \_\_\_\_ Teacher's name \_\_\_\_\_

This student excels in the area of MATHEMATICS and I recommend her/him for the Southern Academy program.

Teacher signature: \_\_\_\_\_

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

**In addition to the application, please submit a current transcript and record of test scores.**

I have reviewed \_\_\_\_\_'s files and the above listed information is correct.  
(Student's First Name)

**RECOMMENDING COUNSELOR'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_

**RECOMMENDING PRINCIPAL'S SIGNATURE** \_\_\_\_\_ **Date** \_\_\_\_\_