

Seabrook Science Magnet Application

Last Name

First Name

Address

City

Zip Code

Home Telephone Number

Elementary School

Grade

Father's (guardian) Name

Mother's (guardian) Name

Address (if different from above)

Address (if different from above)

Business Name

Work phone#

Business Name

Work phone #

Father's Email Address

Mother's Email Address

The student applicant must also complete written answers to the short answer questions about their interest in science. These questions will be answered with the counselor at the elementary school. One recommendation form is to be given to the student's science teacher and one recommendation form is to be given to the student's Language Arts teacher. The deadline for all forms to be returned to the elementary school counselor is **February 11, 2008.**

I understand the nature of the Seabrook Science Magnet Program and of the classes in which students will be enrolled. I realize this is a three year commitment and students must maintain passing grades to remain in the Science Magnet Program. I understand that this program is based on a passion for studying science and additional science opportunities are available.

Applicant Signature

Date

Parent Signature

Date

Office Use Only:

Application # _____

Intermediate School Attendance Zone _____

Seabrook Science Magnet Application
Teacher Recommendation Form

Student must receive a recommendation from his/her Science teacher and Language Arts teacher. Student must fill in his/her top part of form before giving to the teachers.

Student Last Name

Student First Name

Parent/Guardian Signature

Teacher Name/Subject teaches

Date (Parent)

Date (teacher)

Please rank the student regarding following statements according to the scale below:
 5 = Outstanding; characteristic present most of the time
 4 = Above Average; characteristic often present
 3 = Average; characteristic occasionally present
 2 = Below Average; characteristic seldom present
 1 = Well Below Average; characteristic not present
 0 = No Opinion; no basis for evaluation

	5	4	3	2	1	0
Student exhibits a desire to learn						
Student works well with others						
Student exhibits creativity						
Student exhibits critical thinking and problem solving skills						
Student is well-rounded and happy						
Student exhibits organizational skills						
Student is capable of independent study						
Student should adjust well to a new school environment						

Please answer the following questions concerning the applicant. Your time in providing complete and valuable input is appreciated. *Reminder: The focus of the Science Magnet Program is a passion for Science. Applicants should display this characteristic. Language Arts teachers keep in mind that the Science Magnet students are not double blocked Language Arts due to taking extra Science classes.*

1. List three adjectives which you feel best describe this student?

2. List the applicant's strengths. (What will the student bring to the Science Magnet Program? What will teachers most like about this student?)

3. List the applicant's weaknesses. (What challenges will this student bring to the Science Magnet Program?) Do you believe this applicant will take advantage of the available opportunities?

4. Comment on the applicant's interest and motivation in Science (not necessarily success; i.e. science fair winner).

5. Additional Comments:

Teacher Signature _____
Page 2 of 2 pages

Date _____

Seabrook Science Magnet Application
 Teacher Recommendation Form

Student must receive a recommendation from his/her Science teacher and Language Arts teacher. Student must fill in his/her top part of form before giving to the teachers.

 Student Last Name

 Student First Name

 Parent/Guardian Signature

 Teacher Name/Subject teaches

 Date (Parent)

 Date (teacher)

Please rank the student regarding following statements according to the scale below:

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