



March 2012

Dear Parent/Guardian/Student:

Thank you for your interest in Central High School's Magnet Career Academy. Attached you will find an application packet for admission. To be considered for admission, applications must be received **by mid-April**.

Please note the **Application Instructions** at the bottom of the magnet data sheet. **Please do not send any items separately.**

1. Data sheet
2. Writing sample discussing why you want to attend Central
3. Teacher recommendations—current math and science teachers
4. Administrative recommendation—counselor or principal ONLY
5. See "Additional Items to Request" as well

Incomplete applications will not be considered for admission. If you have any questions, please feel free to call 485-8226 or 485-8649. Or, you may E-mail Steve.serotte@jefferson.kyschools.us

We look forward to processing your child's application and will notify you of your acceptance status sometime between May and June. Again, thank you for your interest in our program.

Sincerely,

Steve Serotte

Steve Serotte
Magnet Office

MAGNET DATA SHEET

SECTION 1

Application Date: _____

Name: _____
Last First Middle

Address: _____
Number/Street/Apt. # City Zip

E-mail: _____ Sex: M ___ F ___

Date of Birth: _____ Current School: _____

Academic Program: Regular ___ Honors ___ Advance ___ ECE ___ ESL ___

SECTION 2

PARENT/GUARDIAN INFORMATION

Name: _____

Parent/Guardian

Telephone Numbers:

Home: _____

Cell: _____

Work: _____

Name: _____

Parent/Guardian

Telephone Numbers:

Home: _____

Cell: _____

Work: _____

SECTION 3

MAGNET INTEREST

Which magnet program interests you? Check all that apply.

- | | | |
|--|---|--|
| <input type="checkbox"/> Banking/Finance | <input type="checkbox"/> Law & Government | <input type="checkbox"/> Dental Science |
| <input type="checkbox"/> Business Management | <input type="checkbox"/> Pharmacy | <input type="checkbox"/> Pre-Medical Science |
| <input type="checkbox"/> Computer Technology | <input type="checkbox"/> Nursing | <input type="checkbox"/> Veterinary Science |

SECTION 4

APPLICATION INSTRUCTIONS

Return completed application to: Central High School Magnet Office
Mr. Steve Serotte
1130 West Chestnut Street
Louisville, KY 40203
Fax (502) 485-7034

MATH TEACHER RECOMMENDATION
For Central High Magnet Career Academy

Student's Name _____

School _____ Academic Grade in class _____
(A, B, C, D, U)

Academic Program: Regular____ Honors____ Advance____ ECE____ ESL____

RATING SCALE: 1-Unsatisfactory 2-Below Average 3-Average 4-Above Average 5-Outstanding

____ Academic Performance in your class

Comment _____

____ Attitude

Comment _____

____ Behavior

Comment _____

____ Attendance

Comment _____

____ Dependability

Comment _____

Teacher's Signature

Date

Additional Comments: _____

TEACHER—Place in sealed envelope with your name across the seal and give to student. Broken seals will not be considered. Any questions, call 485-8649.

SCIENCE TEACHER RECOMMENDATION
For Central High Magnet Career Academy

Student's Name _____

School _____ Academic Grade in class _____
(A, B, C, D, U)

Academic Program: Regular____ Honors____ Advance____ ECE____ ESL____

RATING SCALE: 1-Unsatisfactory 2-Below Average 3-Average 4-Above Average 5-Outstanding

____ Academic Performance in your class

Comment _____

____ Attitude

Comment _____

____ Behavior

Comment _____

____ Attendance

Comment _____

____ Dependability

Comment _____

Teacher's Signature

Date

Additional Comments: _____

TEACHER—Place in sealed envelope with your name across the seal and give to student. Broken seals will not be considered. Any questions, call 485-8649.

ADMINISTRATIVE RECOMMENDATION PROFILE
For Central High Magnet Career Academy

Recommendation **MUST** be from **school counselor OR school administrator ONLY.**

Student's Name _____

School _____

GPA _____

Academic Program: Regular____ Honors____ Advance____ ECE____ ESL____

RATING SCALE: 1-Unsatisfactory 2-Below Average 3-Average 4-Above Average 5-Outstanding

____ Attitude

Comment _____

____ Behavior

Comment _____

____ Attendance

Comment _____

DISCIPLINE

Discipline problems: ____yes ____ no

If yes, describe _____

Referrals (# of times) ____ ISAP ____ STOP ____ Suspension

Are you this student's: ____ counselor principal ____

Do you recommend this student? Why? _____

ADMINISTRATOR—Please return this form with other counseling information.

Signature of Evaluator

Date

To: Parents/Guardians/Counselors
From: Steve Serotte (Magnet Office at Central High School)
Date: 2011-2012
Subject: Additional Items to Request

We are grateful that your child has made application to the Magnet Programs at Central High School. In an effort to make an informed decision, we are requesting that the following items be included in the Central application packet as well:

- 1. All grades and transcripts from grades 6-7-8 / or high school**
- 2. Test Scores (CATS/KCCT/ACT)**
- 3. Student Attendance Report**
- 4. Behavior Detail Report (grades 6-7-8) / or high school**

These items can be requested by contacting the counselor at your school. Please enclose these added items in your envelope, along with the Central application. We are aware that this places an added burden upon both the counselor and parent, but these items are part of our admission criteria. We look forward to serving you within our application process. Thank you.