

CEDAR CREEK HIGH SCHOOL

1701 New York Avenue
Egg Harbor City, New Jersey 08215
Phone: 609-593-3560
<http://www.cedarcreekhs.net/>

Application Checklist for current 8th and 9th Graders:

1. Cover Letter	(see page 3)
2. Completed Application	(see page 2)
3. Resume	(see page 3)
4. Teacher Recommendations:	
	-One from a math or science teacher (Form A, p. 4) -One from any additional teacher (Form B, p. 5) -One from any teacher of a class that you have an average of C or below in at the end of the 2 nd Marking Period (Form C, p. 6)
5. 8 th & 9 th Grade Student's 2 nd Marking Period Report Card (9 th grade students must be eligible to take 2 Magnet Program courses during the 2012/2013 school year)	

Recommended Qualifications

The following qualifications will be considered when reviewing the application for admittance to a Magnet Program.

<i>Assessment Tools</i>	<i>Qualifications</i>
Resume	Computer and Keyboarding Skills, School and Community Involvement, Extra Curricular Activities
Cover Letter	Evidence of an interest in the Magnet field of studies selected
Application	Scholastic Record: B or better in all subject areas (every class with an average of C or below requires a recommendation {form C} to be completed in addition to the two (2) other recommendations)

Applications will be reviewed by a committee comprised of the CCHS Supervisors of both Guidance and Science and two (2) science teachers associated with the appropriate Magnet Program. This committee will recommend students for the program based upon the contents of this application. The committee may also require an interview with the student and parent/guardian.

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Magnet Admission Application

To which magnet are you applying (select one): Environmental Studies Engineering

Please type or print.

1. APPLICANT

Name: _____
Last First Middle

Home Address: _____
_____ Zip Code _____

Home Phone Number: _____ Date of Birth: _____

2. PRESENT SCHOOL _____ Grade: _____

3. FATHER / GUARDIAN

Name: _____

Address: _____
_____ Zip Code _____

Occupation: _____ Home Phone: _____

Work Phone: _____ e-mail: _____

MOTHER/GUARDIAN

Name: _____

Address: _____
_____ Zip Code: _____

Occupation: _____ Home Phone: _____

Work Phone: _____ e-mail: _____

The GEHRHSD has adopted policies which guarantee that all students shall have equal opportunities regardless of race, color, creed, religion, sex, disability, national origin, social/economic status or sexual orientation

Please attach the following documents when submitting your magnet application:

1. A cover letter introducing yourself and describing why you are interested in the Magnet Program at Cedar Creek High School. This letter should include your immediate and long term academic and career goals.
2. Completed application form (page 2).
3. A resume. Be sure to highlight any extracurricular activities and community service/involvement. Also include any computer, science, math or English skills that you feel would help you excel in the Magnet Program.
4. A copy of your second marking period report card.
5. List the teachers to whom you gave a recommendation form:
 - A) Math/Science: _____
 - B) Other subject teacher: _____
 - C) Teacher of a class with a C or below: _____
(n/a if you have no grade below a B)

THE FOLLOWING SECTION MUST BE COMPLETED BY THE PARENT/GUARDIAN

I hereby give permission for my child to be considered for admission to the Magnet Program at Cedar Creek High School. I understand that applications will be held in confidence by all members of the selection committee and that applications will not be returned. If accepted, parents and students will be required to attend a magnet orientation to confirm participation.

Signature of Parent/Guardian _____ Date _____

PLEASE SUBMIT ALL FORMS before April 1, 2012 to:

Guidance Department
Cedar Creek High School
1701 New York Avenue
Egg Harbor City, New Jersey 08215

For assistance or questions, please contact CCHS Guidance at 609-593-3560 x4025

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Teacher Recommendation Form A (math / science)

Applicant's Name _____

In which subject(s) do/did you teach the applicant?

Subject(s): _____ (math or science only)

Please rate the applicant on each of the following characteristics:

	Lowest	Average	Highest	Cannot Rate
Scholarship	1	2	3	4 5 n/a
Dependability	1	2	3	4 5 n/a
Enthusiasm	1	2	3	4 5 n/a
Self-Discipline	1	2	3	4 5 n/a
Creativity	1	2	3	4 5 n/a
Interest in your content area	1	2	3	4 5 n/a
Motivation	1	2	3	4 5 n/a
Effort	1	2	3	4 5 n/a
Interpersonal Skills	1	2	3	4 5 n/a
Behavior	1	2	3	4 5 n/a
Communication Skills	1	2	3	4 5 n/a
Character	1	2	3	4 5 n/a
Leadership	1	2	3	4 5 n/a
Service to school/community	1	2	3	4 5 n/a
Attendance	1	2	3	4 5 n/a

COMMENTS (use the back of this form if needed):

Teacher Name: _____

School: _____

Telephone Number: _____

PLEASE RETURN THIS FORM TO THE STUDENT IN A SEALED AND SIGNED ENVELOPE BY MARCH 15, 2012.

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Teacher Recommendation Form B (current teacher)

Applicant Name _____

In which subject(s) do/did you teach the applicant?

Subject(s): _____

Please rate the applicant on each of the following characteristics:

	Lowest	Average	Highest	Cannot Rate
Scholarship	1	2	3	4 5 n/a
Dependability	1	2	3	4 5 n/a
Enthusiasm	1	2	3	4 5 n/a
Self-Discipline	1	2	3	4 5 n/a
Creativity	1	2	3	4 5 n/a
Interest in your content area	1	2	3	4 5 n/a
Motivation	1	2	3	4 5 n/a
Effort	1	2	3	4 5 n/a
Interpersonal skills	1	2	3	4 5 n/a
Behavior	1	2	3	4 5 n/a
Communication skills	1	2	3	4 5 n/a
Character	1	2	3	4 5 n/a
Leadership	1	2	3	4 5 n/a
Service to school/community	1	2	3	4 5 n/a
Attendance	1	2	3	4 5 n/a

COMMENTS (use the back of this form if needed):

Teacher Name: _____

School: _____

Telephone Number: _____

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Teacher Recommendation Form C

This recommendation must be completed by the teacher of any subject in which the applicant currently has an average of C or below.

Applicant Name _____

In which subject(s) do/did you teach the applicant?

Subject(s): _____

Please rate the applicant on each of the following characteristics:

	Lowest	Average	Highest	Cannot Rate
Attendance	1	2	3	4 5 n/a
Motivation	1	2	3	4 5 n/a
Self-Discipline	1	2	3	4 5 n/a
Behavior	1	2	3	4 5 n/a
Effort	1	2	3	4 5 n/a

COMMENTS:

Briefly describe on the reverse side why the applicant currently has a grade below a B and do you believe he/she could be successful in a rigorous science program.

Teacher Name: _____

School: _____

Telephone Number: _____

PLEASE RETURN THIS FORM TO THE STUDENT IN A SEALED AND SIGNED ENVELOPE BY MARCH 15, 2012