



APPLICATION PACKET DIGITAL HIGH PROGRAM

Student Name

School

Career Cluster Area of Interest

HIGH SCHOOL DIGITAL HIGH PROGRAM APPLICATION

Date: Indicate career/job interest:

Student Name: Student ID#:

E-mail Address:

Please list any courses you have completed (example: Career Technical), work experience, or training and skills you have which will aid us in evaluating your qualifications for this program.

Please list your school activities, honors received and offices held.

Please list any community or volunteer activities you have been involved with.

Do you have any responsibilities or obligations that could interfere with your ability to commit time after normal school hours (program is set to run 12:30 – 4:00 M-TH with Friday afternoon off) to this program (for example: sports, school or community activities, part-time job, family/childcare)? Yes No

If you checked YES, please describe. Depending on the situation, some schedules might be able to work out.

I will be able to take this program (choose one):

Fall Semester only Spring Semester only Either Fall or Spring

I understand two blocks of time is required to participate in the program:

Yes No

Postsecondary Education Goals:

In 100 words or less, explain how you think this experience will help you in your future career pathway.

Why do you feel that you should be chosen to participate in the Digital High Program?

Why have you chosen this particular career field of interest?

What do you see yourself doing in 10 years?

High School Digital High Program TEACHER RECOMMENDATION FORM

(Confidential)

Note: Please return to the Counselor or to the school Work-Based Learning or Apprenticeship coordinator in a sealed envelope or in person.

Student Name: _____ Grade: _____ School: _____

The following checklist is provided for those who know the student well enough to give us an accurate assessment of her/him. We hope that it will provide a convenient method to describe the candidate in summary fashion.

No Basis for Judgment	Work Ethic to be Rated	Below Average	Average	Above Average	Excellent (top 10%)
	Responsibility				
	Attitude				
	Problem Solving				
	Effort				
	Interpersonal Skills				
	Attendance				
	Punctuality				
	Maturity				
	Team Worker				
	Decision Making				
	Honesty/Integrity				

If you wish to give reasons for any of your ratings, please do so here. We find an explanation for the significance of ratings to be very helpful.

Please feel free to make other comments that will indicate your estimation of this student's qualifications for this program.

Please check one:

I recommend that the above student be accepted into the Digital High Program.

I do not recommend that the above student be accepted into the Digital High Program.

_____ **Print Name** _____ **Print Title** _____ **Subject Area**
 _____ **Signature** _____ **Date**

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Print NamePrint TitleSubject Area

SignatureDate

CHECKLIST for DIGITAL HIGH PROGRAM
(Please place as the cover page of packet.)

Student:

School:

Please make sure the following items are completed and attached to this cover page IN ORDER:

- Complete Application (pages 1 - 5)
- Resume
- Reference Page
- Teacher Recommendations (three required) – Your teacher will attach these to your application packet since they are confidential. (pages 6, 7, 8)
- Optional: Additional letter of recommendation from community/employer. Letters may be faxed to Hall County Schools, Attention Rhonda Samples, 678-450-5978.
- Copy of high school transcript
- Discipline record from school – Your teacher will attach this record for you.

Please submit completed application packets to your Counselor or Work-Based Learning teacher by _____.

Instructors: Please forward all completed packets to Rhonda Samples, Lanier Career Center, once you receive the information.

Interviews for students selected from the application process will be announced at a later time. Students will be contacted via phone.