



MORRIS COUNTY
VOCATIONAL SCHOOL DISTRICT
400 EAST MAIN STREET
DENVER, NJ 07834-2592
973-627-4600

APPLICATION FOR FULL TIME ADMISSION
Parent/Guardian Section

Fall 2009

Dear Prospective Academy Student and Parents:

Thank you for your interest in *The Academies of Morris County*. We look forward to having you become part of our future in September, 2010.

The Academies are individual magnet high schools that offer students with similar interests and aptitudes a challenging and exciting curriculum designed to prepare them for the rigors of college and a future career. Additionally, our students enjoy all the benefits of an athletic program and extra-curricular activities within a "small school atmosphere".

Students may select from among our ten academies. In every case, students take a college-preparatory program that provides them with multiple options after graduation, including admission to some of the finest colleges and universities or a career path to entry-level employment in some of the nation's fastest growing industries.

Enclosed you will find an application packet, which includes a portion for parents and a portion for your child's school to complete and return to us. If you decide to apply to any of *The Academies of Morris County*, it is your responsibility to have the records requested on the application sent to us as soon as possible by contacting your child's guidance counselor or school administrator who will forward your child's transcript to us.

The admissions process includes:

1. The completion of the enclosed application
2. The submission of standardized test scores
3. The submission of grades from 7th grade and the first two marking periods of 8th grade
4. Recommendations from your child's teachers
5. A standardized test administered to all applicants
6. An interview if necessary

Once you complete the portion of the application filled out by parents, submit that section to:

Academy Admissions
Morris County School of Technology
400 East Main Street (Route 53)
Denville, NJ 07834

Please sign the second release statement on the application section for the middle school and submit the remainder of the application packet to your child's school for completion.

Students who apply to *The Academies of Morris County* will be notified of their admission status by the first week in March.

If you have any questions, please do not hesitate to contact us at 973-627-4600 extension 277.

Sincerely,
Gina DiDomenico

Gina DiDomenico
Public Relations/Recruitment Specialist

THE MORRIS COUNTY VOCATIONAL SCHOOL DISTRICT

Tel: 973-627-4600 Ext. 238 ~ Fax: 973-627-4738

APPLICATION FOR FULL TIME ADMISSION

(Deadline for application submission is December 4, 2009)

Parent/Guardian: Complete and submit this page to Admissions, Morris County School of Technology, 400 East Main Street, Denville, NJ 07834. This section is to be completed by the applicant. Please type or print legibly in ink. Your completion and submission of this section is considered your acknowledgement and interest in our academy programs. Upon receipt of this section, we will schedule a date for you to take the admission test.

Please select first choice (use a 1) and if second choice is selected (use a 2):

- | | |
|------------------------------------------------------|------------------------------------------------------------------------|
| _____ Academy for Child Related Careers | _____ Academy for Construction Arts |
| _____ Academy for Culinary Arts | _____ Academy for Finance and International Business |
| _____ Academy for Health Care Sciences | _____ Academy for Law & Public Safety |
| _____ Academy for Mathematics, Science & Engineering | _____ Academy for Networking, Information Technology and Communication |
| _____ Academy for Veterinary Science | _____ Academy for Visual & Performing Arts |

STUDENT INFORMATION

_____ Student's Last Name	_____ First Name	_____ M.I.	M <input type="checkbox"/> F <input type="checkbox"/>	_____ Date of Birth
			Sex	

_____ Street Address	_____ City	_____ Zip
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_____ Mailing Address (if different from above)

_____ Home Telephone Number	_____ E-Mail Address
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_____ Mother/Guardian Name	_____ Cell Phone	_____ Business Phone	_____ Occupation
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_____ Father/Guardian Name	_____ Cell Phone	_____ Business Phone	_____ Occupation
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_____ Emergency Telephone Number	_____ Full Name & Relationship to Applicant
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Completing this section is voluntary. Ethnic information is required by the US Department of Health, Education and Welfare Office for Civil Rights. The Morris County Vocational School District does not discriminate in its admission policies and practices on the basis of race, color, national origin, sex, or disability.

Please check one:

- White (non-Hispanic) Black (non-Hispanic) Hispanic Asian American Indian Other

Please Select a date & time for Admission testing:

Indicate first preference

Date: Nov. 14 Nov. 21 Dec. 12

Time: 8:30 AM 11:00 AM 2:00 PM

Indicate second preference

Date: Nov. 14 Nov. 21 Dec. 12

Time: 8:30 AM 11:00 AM 2:00 PM

Please check if your child has an IEP & needs testing accommodations. A copy of the current IEP must be attached in order for applicant to have necessary testing accommodations.

PARENT/GUARDIAN RELEASE STATEMENT

I have discussed this application with my child and hereby give my permission for him/her to apply for admission to the Morris County Vocational School District. I also give permission for my child's school to release all relevant school records to the Morris County Vocational School District.

_____ Signature of Parent/Guardian

_____ Date



MORRIS COUNTY
VOCATIONAL SCHOOL DISTRICT
400 EAST MAIN STREET
DENVERVILLE, NJ 07834-2592
973-627-4600

APPLICATION FOR FULL TIME ADMISSION
Middle School Section

Fall 2009

Dear School Administrator/Guidance Counselor:

Thank you for assisting the applicant in the admission process to one of *The Academies of Morris County*.

The Academies are individual magnet high schools that offer students with similar interests and aptitudes a challenging and exciting curriculum designed to prepare them for the rigors of college and a future career. Additionally, our students enjoy all the benefits of an athletic program and extra-curricular activities within a “small school atmosphere”.

Students may select from among our ten academies. In every case, students take a college-preparatory program that provides them with multiple options after graduation, including admission to some of the finest colleges and universities or a career path to entry-level employment in some of the nation’s fastest growing industries.

Attached you will find an application packet, **which will need to be completed and sent to the Morris County Vocational School District on or before December 4, 2009.**

The admissions process includes the following documents to be enclosed:

1. Complete transcript including all grades from grade 7 and the first quarter of grade 8
2. Standardized test results for grades 6 through 8
3. Three completed teacher recommendation forms representing the current English teacher as well as the Mathematics, Science, Social Studies, Related Arts/Technology and/or Art teachers depending on the program selected
4. Complete Child Study Team records or 504 Plan if applicable

If you have any questions, please do not hesitate to contact us at 973-627-4600 extension 277 or via email at didomenicog@mcvts.org.

Sincerely,
Gina DiDomenico

Gina DiDomenico
Public Relations/Recruitment Specialist

THE MORRIS COUNTY VOCATIONAL SCHOOL DISTRICT

Tel. 973-627-4600 Ext. 238, Fax 973-627-4738

APPLICATION FOR FULL TIME ADMISSION

Applicant Name: _____ **Academy Selection:** _____

PARENT/GUARDIAN RELEASE STATEMENT

I have discussed this application with my child and hereby give my permission for him/her to apply for admission to the Morris County Vocational School District. I also give permission for my child's school to release all relevant school records to the Morris County Vocational School District.

Signature of Parent/Guardian

Date

Application Section for Middle School

PLEASE SUBMIT TO PRINCIPAL/GUIDANCE COUNSELOR

INSTRUCTIONS: Principal/Counselor please complete this packet and forward the COMPLETED packet of materials on or before December 4, 2009 to:

**THE MORRIS COUNTY VOCATIONAL SCHOOL DISTRICT
Counseling/Admissions Office
400 East Main Street
Denville, New Jersey 07834**

SCHOOL INFORMATION

Student's Name _____ NJ SMART # _____

Resident District _____ Local public high school student would attend _____

School _____ School Telephone _____

School Address _____ Town _____

Does the applicant require an IEP? Yes No **Classification** _____

504 Plan Yes No

ESL Services Yes No

Has the applicant received Basic Skills services in the past two years?

Language Arts Yes No **Literacy** Yes No **Math** Yes No

Attendance Record:

Grade 7 Days Absent _____ Days Tardy _____

Grade 8 (1st marking period) Days Absent _____ Days Tardy _____

Print Name of Principal or Counselor Tel. Number

Signature of Principal or Counselor Date

Morris County Vocational School District
Admission Teacher Recommendations
 2009-2010

Academy	Required Teacher Recommendations
Child Related Careers	English, Mathematics, and Related Arts Courses
Construction Arts	English, Mathematics, and Related Arts/Technology Courses
Culinary Arts	English, Mathematics, and Related Arts Courses, i.e. Cooking, Home Economics, Technology
Finance and International Business	English, Mathematics, and Social Studies
Health Care Sciences	English, Mathematics, and Science
Law & Public Safety	English, Mathematics, and Social Studies
Mathematics, Science & Engineering	English, Mathematics (specifically Algebra), and Science
Networking Information Technology and Communications	English, Mathematics, and Technology Courses
Visual and Performing Arts	English, Mathematics, and Social Studies
Veterinary	English, Mathematics, and Science

Morris County Vocational School District
Full-time Academy High Schools

400 East Main Street
Denville, New Jersey 07834

973-627-4600
Fax 973-627-4738

MATHEMATICS RECOMMENDATION
TO THE MATHEMATICS TEACHER COMPLETING THIS RECOMMENDATION FORM

The student listed below is applying for admission to the Academies of Morris County. In order to evaluate the applicant carefully, we request that you complete this recommendation form. Your candor will greatly assist the Admissions Committee in choosing students who will benefit from the Academy program(s) of choice. **This information is held in strict confidence.** If you have any questions, please call the Guidance Office at 973-627-4600 Ext. 238.

ALL APPLICATION MATERIALS MUST BE RETURNED TO YOUR STUDENT'S GUIDANCE COUNSELOR FOR INCLUSION IN THE APPLICATION PACKET

Student's Last Name _____ First Name _____

In what mathematics course are you now teaching this student?

- Pre-Algebra Algebra (top level) Algebra (other than top level)
 Geometry Algebra (only level) Algebra/Pre-Algebra
 Algebra II Other (please indicate)

Compare this mathematics student to others in classes at his/her level.

	Below Average	About Average	Above Average	Excellent (Top 20%)	Outstanding (Top 5%)
Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SCIENCE RECOMMENDATION
TO THE SCIENCE TEACHER COMPLETING THIS RECOMMENDATION FORM

The student listed below is applying for admission to the Academies of Morris County. In order to evaluate the applicant carefully, we request that you complete this recommendation form. Your candor will greatly assist the Admissions Committee in choosing students who will benefit from the Academy program(s) of choice. **This information is held in strict confidence.** If you have any questions, please call the Guidance Office at 973-627-4600 Ext. 238.

ALL APPLICATION MATERIALS MUST BE RETURNED TO YOUR STUDENT'S GUIDANCE COUNSELOR FOR INCLUSION IN THE APPLICATION PACKET

Student's Last Name _____ First Name _____

In what science course(s) did you teach this student? Please check the appropriate area below.

- 7th Grade 8th Grade
 Top Level Other than top level Only level offered

Compare this student to others in classes at his/her level.

	Below Average	About Average	Above Average	Excellent Top 20%	Outstanding (Top 5%)
Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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ENGLISH RECOMMENDATION TO THE ENGLISH TEACHER COMPLETING THIS RECOMMENDATION FORM

The student listed below is applying for admission to the Academies of Morris County. In order to evaluate the applicant carefully, we request that you complete this recommendation form. Your candor will greatly assist the Admissions Committee in choosing students who will benefit from the Academy program(s) of choice. **This information is held in strict confidence.** If you have any questions, please call the Guidance Office at 973-627-4600 Ext. 238.

ALL APPLICATION MATERIALS MUST BE RETURNED TO YOUR STUDENT'S GUIDANCE COUNSELOR FOR INCLUSION IN THE APPLICATION PACKET

Student's Last Name _____ First Name _____

In what English/Language Arts course(s) did you teach this student? Please check the appropriate area below.

- 7th Grade 8th Grade
 Top Level Other than top level Only level offered

Compare this student to others in classes at his/her level.

	Below Average	About Average	Above Average	Excellent Top 20%	Outstanding (Top 5%)
Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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SOCIAL STUDIES RECOMMENDATION
TO THE SOCIAL STUDIES TEACHER COMPLETING THIS RECOMMENDATION FORM

The student is applying for admission to the Academies of Morris County. In order to evaluate the applicant carefully, we request that you complete this recommendation form. Your candor will greatly assist the Admissions Committee in choosing students who will benefit from the Academy program(s) of choice. **This information is held in strict confidence.** If you have any questions, please call Guidance at 973-627-4600 Ext. 238.

ALL APPLICATION MATERIALS MUST BE RETURNED TO YOUR STUDENT'S GUIDANCE COUNSELOR FOR INCLUSION IN THE APPLICATION PACKET

Student's Last Name _____ First Name _____

In what social studies course(s) did you teach this student? Please check the appropriate area below.

____ 7th Grade ____ 8th Grade
____ Top Level ____ Other than top level ____ Only level offered

Compare this student to others in classes at his/her level.

	Below Average	About Average	Above Average	Excellent Top 20%	Outstanding (Top 5%)
Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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**RELATED ARTS/TECHNOLOGY
RECOMMENDATION**

TO THE TECHNOLOGY TEACHER COMPLETING THIS RECOMMENDATION FORM

The student listed below is applying for admission to the Academies of Morris County. In order to evaluate the applicant carefully, we request that you complete this recommendation form. Your candor will greatly assist the Admissions Committee in choosing students who will benefit from the Academy program(s) of choice. **This information is held in strict confidence.** If you have any questions, please call the Guidance Office at 973-627-4600 Ext. 238.

ALL APPLICATION MATERIALS MUST BE RETURNED TO YOUR STUDENT'S GUIDANCE COUNSELOR FOR INCLUSION IN THE APPLICATION PACKET

Student's Last Name _____ First Name _____

In what technology course(s) did you teach this student? _____

Compare this student to others in classes at his/her level.

	Below Average	About Average	Above Average	Excellent Top 20%)	Outstanding (Top 5%)
Ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Appropriate Behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

