



ST. JOAN ANTIDA HIGH SCHOOL

An International Baccalaureate World School

1341 North Cass Street
Milwaukee, WI 53202
Office of Admissions: (414) 274-4709
Fax: (414) 272-3135

6th and 7th Grade Pre-High School Program Student Application Requirements

A Completed Application Packet Must Include:

- ✓ A completed application signed by student and parent
- ✓ Completed Counselor, Math and English Teacher Recommendation forms (this is sent from SJA to your current school)
- ✓ Copy of student's current report card or transcript
- ✓ Signed Behavioral Contract by student and parent

APPLICATIONS ARE DUE BY FRIDAY JUNE 28, 2019

Services provided by St. Joan Antida High School's 6th & 7th Grade Pre-High School Program:

1. Program starts with a mandatory 2-week Summer Program focusing on STEM activities (Monday, July 15 – Friday, July 26, 2019)
2. Monthly tutoring on Saturday School dates during the school year with specific emphasis on Math and English / Language Arts (ELA)
3. Group community service projects
4. Academic and Study Skills workshops
5. Parent workshops to enhance academics at home
6. Direct admission to St. Joan Antida High School for students who successfully complete the program

Your application cannot be processed without all of the required information requested on the application along with a copy of your current report card and teacher recommendation forms!

Contact Alexis Carter at 414-274-4709 or at acarter@saintjoanantida.org for assistance with your application.

Date of Application: _____

6TH & 7TH GRADE PRE-HIGH SCHOOL PROGRAM APPLICATION

PART 1: STUDENT INFORMATION:

Last Name: _____

First Name: _____ Middle Name: _____

Home Address: _____

City: _____ Zip Code: _____ Telephone Number: _____

Email: _____ Date of Birth: _____

Current School Attending: _____

Grade Level: _____ Cumulative GPA: _____

Primary language(s) spoken at home: _____ Religion: _____

ETHNIC ORIGIN:

- | | |
|---|---|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Asian/Pacific Islander | <input type="checkbox"/> Multi-Racial, please specify:
_____ |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Other, please specify:
_____ |
| <input type="checkbox"/> Latina/Hispanic | |
| <input type="checkbox"/> Middle Eastern | |

HOW DID YOU HEAR ABOUT SJA?

- | | |
|---|--|
| <input type="checkbox"/> 6th & 7th Grade Pre-High School Postcard | <input type="checkbox"/> Milwaukee Business Journal |
| <input type="checkbox"/> Advertising | <input type="checkbox"/> STEaM Summit |
| <input type="checkbox"/> Alumnae | <input type="checkbox"/> Soles for Catholic Education Walk |
| <input type="checkbox"/> Direct Mail | <input type="checkbox"/> Website |
| <input type="checkbox"/> Friend/Relative | <input type="checkbox"/> Woman Up! Event |
| <input type="checkbox"/> Girls in Engineering Fair | <input type="checkbox"/> Other, please specify:
_____ |
| <input type="checkbox"/> Middle School Teacher/Counselor | |
| <input type="checkbox"/> Middle School Visit | |

DID STUDENT'S MOTHER ATTEND SJA? YES NO

IF YES, PLEASE LIST GRADUATION YEAR: _____

PART 3: PARENT/GUARDIAN INFORMATION:

1. PARENT/GUARDIAN IN THE HOUSEHOLD WHERE STUDENT LIVES.

LEGAL GUARDIAN: YES NO

ARE YOU A 4-YEAR COLLEGE GRADUATE? YES NO

Last Name: _____

First Name: _____ Middle Name: _____

Relationship to Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Name of Employer: _____

Work Phone: _____

2. PARENT/GUARDIAN IN THE HOUSEHOLD WHERE STUDENT LIVES.

LEGAL GUARDIAN: YES NO

ARE YOU A 4-YEAR COLLEGE GRADUATE? YES NO

Last Name: _____

First Name: _____ Middle Name: _____

Relationship to Student: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Name of Employer: _____

Work Phone: _____

**IF THE PERSON(S) LISTED ABOVE IS (ARE) NOT THE STUDENT'S LEGAL GUARDIAN(S),
PLEASE SPECIFY WHO IS:**

Name: _____ Relationship to Student: _____

PART 4: ACADEMIC INFORMATION:

GIVEN YOUR KNOWLEDGE OF THE ST. JOAN ANTIDA HIGH SCHOOL PRE-HIGH SCHOOL PROGRAM AND ITS GOALS, PLEASE ANSWER THE FOLLOWING QUESTIONS IN PARAGRAPH FORM:

1. Why do you want to participate in SJA's Pre-High School Program?

2. What do you feel is the greatest academic challenge you face?

3. What is one thing you have done for which you are most proud of?

4. What academic areas do you believe could use improvement, and what habits do you feel hinder you from doing well in school?

SCHOOL AND EXTRACURRICULAR ACTIVITIES:

Do you participate in any extracurricular school activities? **YES** **NO**

Sports:

School Groups/Activities:

Community-based Programs:

PARENTAL PERMISSION TO RELEASE ACADEMIC RECORDS

In order for your child to participate in St. Joan Antida High School's Pre-High School Program, we need your permission to review your child's K-8 school records to monitor her academic progress. **Please print the student's name and date of birth and sign this form, returning it along with the completed application packet.**

Student's Last Name

First Name

M.I.

Date of Birth

I give permission for my daughter's school personnel to copy and submit my child's transcripts, proficiency status and related records to the Pre-High School Program at St. Joan Antida High School for the purposes of academic monitoring. I understand that St. Joan Antida High School will request quarterly transcripts, proficiency status, and related records and this permission form will remain in effect until my child graduates from 8th grade.

Parent/Guardian Signature

Date

FOR OFFICE USE ONLY

Dear School Staff:

Please note the parent of guardian has signed this authorization form. Please forward a copy of an official transcript for the student to the Office of Admissions at St. Joan Antida High School for the Pre-High School Program. Please retain a copy of this document in the students file for future requests. Thank you.

Middle/Elementary School: _____

Address: _____ Fax: _____

School Official/Title _____ Phone: _____

PRE-HIGH SCHOOL PROGRAM
BEHAVIORAL CONTRACT FOR STUDENTS

The curriculum and activities for the St. Joan Antida High School Pre-High School Program are designed to help you increase your academic and social abilities – helping you work towards a better future. For this reason, all students have the responsibility to help maintain the best possible atmosphere for learning so that everyone will be able to do her best. By paying attention, following directions, participating in activities and, most of all, by treating everyone with respect, you will be helping to accomplish this goal.

PARENT/GUARDIAN AND STUDENT ARE ASKED TO READ AND SIGN THIS DOCUMENT.

STUDENT RESPONSIBILITIES:

1. To behave in a respectful manner to presenters, tutors, program staff, and other students.
2. To avoid abusive or loud language.
3. To ask questions if you do not understand what is being discussed.
4. To respect the property of other students, presenters, tutors and the high school.
5. To arrive on time and remain for the entire session.
6. To not bring electronic devices, headphones, or cell phones to workshops or tutoring sessions.
7. To not wear hats or caps during programs, except where a student may have a religious or closely held belief for doing so.
8. A student bringing any kind of weapon will automatically be dismissed from the program.
9. To not engage in any inappropriate conduct or illegal activity while participating in any aspect of the program.

Students not maintaining these standards will typically be warned and the parents will be contacted. Following a second warning, and upon consultation with the staff, a student may be dismissed from the program. SJA, however, reserves the right to impose discipline as it deems appropriate, including automatic dismissal from the program.

PARENT/GUARDIAN RESPONSIBILITIES:

1. To encourage your student to participate and do her best – your interest and involvement are crucial to their success.
2. To participate in parent workshops as often as possible. They will provide you with information which will help you and your student. Your involvement sends a strong message to your student that these programs are an important contributor to their success.
3. To provide transportation to and from the program - please be sure that the student arrives on time and is picked up promptly.
4. To communicate with the program in writing any special needs or circumstances. For example, if a student attending needs to leave early, please send a note.

THANKS TO ALL PARENTS AND STUDENTS FOR YOUR UNDERSTANDING AND COOPERATION IN THESE MATTERS!

I have read and agree to abide by the above expectations for the SJA Pre-High School Program.

Student signature _____ Date: _____

Parent Signature _____ Date: _____