

MMSD Personalized Pathways Application

Please return completed applications to your Middle School Counselor

Select all Personalized Pathways you are applying for:

Preference will be given to the high school in your attendance area. Please select the school you plan to attend.

- East High School:** Public Health Academy for Social Justice
- East High School:** Purgolder Academy of Information and Communication Technology
- La Follette High School:** Health Services Pathway
- La Follette High School:** Information Technology & Communication (ITC) Pathway
- Memorial High School:** Health and Wellness
- Memorial High School:** Information and Communication Technology through Innovation

Student Information (Please Print)

ID Number:	Birthdate:
Current Grade Level:	
Student First Name:	
Student Last Name:	
Address:	
Phone Number:	Email:
Parent/Guardian (1):	Phone:
Parent/Guardian (2):	Phone:
Current School:	Counselor:

Personal Response is not used as part of the selection process.

Please answer the following question in 3 to 5 sentences. You may use the space provided, or use a separate piece of paper to provide your answers. (Please staple the separate sheet to this application so it does not get lost). If you use a separate sheet of paper, please write your name and student ID number at the top. Make sure that your writing is clear and easy-to-read.

Please tell us why you are interested in being a part of Madison Metropolitan School District's Personalized Pathways. What are some of the specific reasons that you think this opportunity would be a good match for you as a high school student?

Sentence Starters:

- Being part of a small learning community may help me because...
- The topic of the pathway I am applying for is interesting to me and/or are related to my future goals because...
- Linking learning across my classes and through projects sounds exciting because...

STUDENT & PARENT/GUARDIAN SIGNATURES:

Student:

By completing this application I am indicating my interest to enroll in a Personalized Pathway.

Student Signature: _____ Date: _____

Parent/Guardian:

I am supportive of my child's request to enroll in a Personalized Pathway.

Parent/Guardian Name (Print): _____

Parent Signature: _____ Date: _____