



## APPLICATION

2024-2025 Cohort

### SCHOOL CHOICE CANDIDATES\*

#### Eligibility Requirements:

- Commitment and motivation to learning in this four year program
  - Academic excellence as measured by:
    - 7<sup>th</sup> and 8<sup>th</sup> grade transcripts
    - Success in grade appropriate standardized tests\*
    - Academic and behavioral performance throughout high school
    - Annual evaluation of achievement and involvement
    - Current enrollment in a Pre-Algebra or Algebra course
    - Current enrollment in Level One of a World Language\*
- \*if available*

#### Typical Course List of a DCA Freshman Student

- AP Art History or AP Computer Science Principles
- World History Honors
- DCA Freshman English Honors
- Algebra 2 Honors or Geometry Honors
- Biology Honors
- Physical Education/Health 9
- Level 2 of a World Language (Spanish, French or Italian)

#### Submission Requirements:

- **Phase I – Initial Consideration (item below due Dec. 1, 2023)**
  - Parental commitment
  - Student application
  - Student questionnaire
  - Student transcripts for grades 6 and 7
  - Student transcripts for grade 8 in progress
  - Copies of any standardized test scores from 6th, 7th and/or 8th grade, if available

- o Two academic references (no relatives)
- o Any supplemental test scores or materials that reflect the applicant's potential success (e.g. PSAT scores, Terranova scores, etc)
- **Phase II – selected candidates from Phase I will be invited to complete:**
  - o Student Interview conducted via Zoom, date and time to be determined
  - o Written assessment - A writing prompt will be provided to students shortly after the interview, with a due date to be determined

All submitted materials, assessments and interviews will be considered by the Admissions Committee for final selections. Applicants will then be accepted, declined or placed on a waiting list.

**Application:**

The candidate must complete the application and return it by December 1, 2023

**\*Note that email is the main form of communication for the application process.**

Ensure the appropriate email addresses on the application are correct, and send any questions you have via email as well.

**Release of Records:**

Parents must complete the Release of Records form in the application packet and return it with the candidate's application.

**Evaluation and Selection:**

The evaluation and selection committee will look specifically at three admissions criteria: character, academics and co-curricular contributions. The Committee will evaluate the candidate as presented in the recommendations.

Next, the Committee will assess the academic qualifications of the candidate as well as their intellectual ability and motivation. In this instance, the candidate's academic record and test results are reviewed, along with their submitted written work, interview and in-person written assessment. Finally, we review the candidate's connection to the school and community as evidenced by their co-curricular activities.

**COMPLETE AND SUBMIT APPLICATION BY DECEMBER 1, 2023. RETURN TO:** Jacqueline Ritter, Guidance Counselor, Jonathan Dayton High School, 139 Mountain Avenue, Springfield, New Jersey 07081. Use the following contact information for any questions:  
[jritter@springfieldschools.com](mailto:jritter@springfieldschools.com)

Collegiate Academy



## SCHOOL CHOICE CANDIDATES

### Application – Student Data

*Print in black or blue ink*

Applicant's name \_\_\_\_\_  
Last First M.I.  
Name applicant prefers to be called \_\_\_\_\_  
Date of birth \_\_\_\_\_ Current age \_\_\_\_\_  
Home address \_\_\_\_\_  
Home phone \_\_\_\_\_ **Parent E-mail** \_\_\_\_\_  
Parent(s)/Guardian(s) \_\_\_\_\_  
Business and/or cell phone(s) \_\_\_\_\_

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### School Information

Present school \_\_\_\_\_

Indicate curricular honors and prizes you have received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Indicate co-curricular (non-academic) honors and prizes you have received: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Parent/Guardian signature



JONATHAN DAYTON HIGH SCHOOL

**Dayton Collegiate Academy**

**Release of Transcript**

*Note that your school may have its own required paperwork for releasing your child's transcript to us; this form is provided as a courtesy. Please use whatever process your school prefers to ensure we receive your child's transcript.*

I/We authorize you, our child's counselor, to release and forward our child (print)  
\_\_\_\_\_ 's transcript of  
grades and standardized test scores from sixth grade through and including the current  
year.

Thank you for your support in this matter.

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Parent/Guardian Signature

Date

*Please return to Ms. Jacqueline Ritter, Dayton Collegiate Academy, Jonathan Dayton  
High School, 139 Mountain Avenue, Springfield, NJ 07081*

**JONATHAN DAYTON HIGH SCHOOL**

**Dayton Collegiate Academy**

**Student Questionnaire**

*Please complete this questionnaire on this page only, in your own legible handwriting without assistance from others.*

**Personal Responses**

1. What makes you unique?

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2. Why are you applying to the Dayton Collegiate Academy?

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3. Identify and describe a book you have read this year.

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4. What else would you like us to know about you?

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**Interests, summary of participation:**

**Arts (fine arts, drama, music, etc.)**

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**Athletics (specify sports, levels, position, awards, etc.)**

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**Volunteerism or Clubs (volunteer work, hobbies, scouts, publications, etc.)**

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**Summer Activities (travel, work, etc.)**

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**Positions of Leadership (responsibilities in school, community, etc.)**

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**What co-curricular activities do you hope to participate in at Dayton?**

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**JONATHAN DAYTON HIGH SCHOOL**

**Dayton Collegiate Academy  
Recommendation Form**

*To the Candidate: Print the information on the first line and provide both pages for each of your two references.*

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Name of Applicant Current School

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Name of Reference Contact Telephone #

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Address Email

*To the Reference: Please complete the following questions. For your convenience, you may answer questions 1-6 on a separate sheet of paper and attach it to this form. All comments will be kept in complete confidence and only be shown to the Selection Committee members. We appreciate your time and thoughtfulness. Please return forms in a sealed envelope to: Ms. Jacqueline Ritter, Jonathan Dayton High School, 139 Mountain Avenue, Springfield, NJ 07081 by December 1, 2023.*

1. In what context do you know this candidate?

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2. Does this candidate show self-motivation? If so, please explain.

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3. What are the candidate's outstanding attributes?

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4. What are the candidate's limitations?

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5. What five words best describe this candidate?

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6 Comments

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How would you rate this applicant against his/her peers? This form will not be viewed by the applicant; please be as forthcoming as possible.

	No basis for judging	Unfavorable	Below average	Average	Good	Excellent	Outstanding
<b>Academic achievement</b>							
<b>Academic promise</b>							
<b>Intellectual curiosity</b>							
<b>Potential for growth</b>							
<b>Leadership</b>							
<b>Character</b>							
<b>Conduct</b>							
<b>Motivation</b>							
<b>Ability to work independently</b>							
<b>Concern for others</b>							
<b>Overall</b>							

**JONATHAN DAYTON HIGH SCHOOL**

**Dayton Collegiate Academy  
Recommendation Form**

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<b>Academic achievement</b>							
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<b>Conduct</b>							
<b>Motivation</b>							
<b>Ability to work independently</b>							
<b>Concern for others</b>							
<b>Overall</b>							

\* School Choice Student Application Timelines for the 2024-2025 school year

<b>Document Name</b>	<b>From:</b>	<b>Sent or Brought to:</b>	<b>Deadline</b>
<b>First Tier – Eligible Public School Students</b>			
<b>Student Application</b> to choice district	Parent or Guardian of public and non public students submits application to choice district	Choice District	December 1, 2023
<b>Lottery May be held for Eligible Public School Students if Necessary</b>			
<b>Notice of Conditional Acceptance or Rejection</b> of the student's application.	Choice District	Parent or Guardian	December 21, 2023
<b>Enrollment Form:</b> Student's Notice of Intent to Enroll in the choice district (for Public School Only)	Parent or Guardian	Choice District	January 12, 2024



**INTERDISTRICT PUBLIC SCHOOL CHOICE- INTENT TO ENROLL  
2024-2025 SCHOOL YEAR**

**To be completed by the parent or legal guardian:**

Name of Student Applicant: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Parent /Guardian’s Work Phone: \_\_\_\_\_

District of Residence: \_\_\_\_\_

School of Residence: \_\_\_\_\_

Applying for admission to Grade Level \_\_\_\_\_9\_\_\_\_\_ in 2024-2025

Does the student have a current IEP? \_\_\_\_\_ If yes, attach a copy.

Does the student have a 504 Plan? \_\_\_\_\_ If yes, attach a copy.

Any student applying for the (Name of School) School Choice Program will be conditionally accepted pending educational program review, annual IEP review or re-evaluation, or 504 plan review during or at the end of the current school year.

If the district of residence has provided written notification that the student may participate in the school choice program, please attach the notification to this application.

\_\_\_\_\_ If notification has not been received from the district of residence check here.

**Falsifying any information on this application will result in the denial of the student’s participation in the Choice Program.**

By my signature I certify that:

**I am applying for the student’s admission to (Name of School) District for academic reasons only and not for athletic, extracurricular, or social reasons; and that a Notice Of Intent To Participate In The School Choice Program was provided to the district of residence. I also certify my child will be enrolled in my resident school district for the entire 2024-2025 school year.**

**SIGN:** \_\_\_\_\_ **PRINT:** \_\_\_\_\_  
Signature of Parent or Guardian Name of Parent or Guardian

DATE: \_\_\_\_\_