Mainland High School
Cambridge AICE

CAMBRIDGE
International Education

Cambridge International School

Current Mainland High School Student
Diploma Program Application

Student Name: _____ **Alpha ID:** _____

Parent Name: _____ **Current School:** _____

High School applying to: **Mainland High School**

Application Checklist:

- ✓ I have given the teacher recommendation form to my CURRENT Math **and** ELA teachers.
- ✓ Everything is completed and returned to the Cambridge AICE Coordinator by **May 1st, 2026**.

Acknowledgement Statement and Signature:

I understand that I am applying to be a part of the Cambridge AICE Diploma Program and that it is a rigorous academic program that will require me to complete upper-level coursework and to maintain high levels of academic and behavioral integrity as well as to put in the time and effort it will take to pass these classes and exams on the path to earning the Cambridge AICE Diploma.

Student signature: _____ **Date:** _____

I understand that my student is applying to become a part of the Cambridge AICE Program and that the program is a rigorous academic course that will require time and effort on the part of my student to be successful in the program.

Parent/Guardian signature: _____ **Date:** _____

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CONTACT INFORMATION

All application documents must be submitted by **May 1, 2026**. Application documents may be returned:

- In person to the High School Main Office front desk
- Scanned and e-mailed to the school's Cambridge AICE Coordinator

Please use the following addresses when delivering documents in person:

Attn: Kallie Walker

Mainland High School
Cambridge AICE Coordinator
1255 W. International Speedway Blvd.
Daytona Beach, FL 32114

Please use the following email address for questions and when submitting documents via email:
Mainland High School – klwalker@volusia.k12.fl.us

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STUDENT INFORMATION
Legal Name: Alpha ID: _____
Date of birth:
Current physical address:
City: State: Zip Code:
Student Email:
PARENT/GUARDIAN INFORMATION
Name:
Current mailing address (if different than physical address):
City: State: Zip Code:
Home Phone: Work or Cell Phone:
Parent Email (**All correspondence will be conducted via email**):
REFERENCES (TWO TEACHER RECOMMENDATION FORMS NEED TO BE SUBMITTED)
Teacher Names: 1.
2.

SIGNATURES

I understand the MHS Cambridge Diploma program is a rigorous academic program for academically talented and motivated students. If accepted as a student, I agree to strive for high academic achievement, and maintain good attendance and behavior. I have read and understand the MHS Academic Honor Code and understand the potential ramifications of cheating and/or plagiarism. I also understand that I may be required to complete summer assignments. Finally, all students should maintain a minimum of a "C" average in all courses, a 3.0 weighted GPA overall and pass all state mandated exams to remain in the Cambridge program. I understand that if the above criterion is not maintained, I may be subject to dismissal from the Mainland High School Cambridge program.

Signature of student applicant: Date:

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English(ELA) Teacher Recommendation Form

Name of Student:
Name of Teacher:

Please complete the following assessment of the student named above as a part of the application process for the Mainland High School Cambridge AICE Program. Your evaluation is crucial and is needed to determine this student's ability to be successful in this program. All recommendation forms will remain confidential among the review committee. Please forward this form to **the Cambridge AICE Coordinator at Mainland High School**.

Rating scale:
6 = Superior, one of the top few encountered in my career
5 = Outstanding, top 5%
4 = Excellent, top 10%
3 = Above average
2 = Average
1 = Below Average

Please rate the student in the following categories:

Character Rating

1. _____ Maturity
2. _____ Concern/Respect for Others
3. _____ Personal Conduct
4. _____ Cooperation
5. _____ Leadership

Academic Rating

1. _____ Academic Interests
2. _____ Study Habits
3. _____ Achievement Level
4. _____ Motivation
5. _____ Academic Integrity

Overall Rating

_____ Highly Recommend

_____ Recommend

_____ Do Not Recommend

Please provide specific comments below relevant to the student's potential success in the Mainland High School Cambridge AICE Program.
Your complete honesty with comment area below would be greatly appreciated.

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Math Teacher Recommendation Form

Name of Student:
Name of Teacher:

Please complete the following assessment of the student named above as a part of the application process for the Mainland High School Cambridge AICE Program. Your evaluation is crucial and is needed to determine this student's ability to be successful in this program. All recommendation forms will remain confidential among the review committee. Please forward this form to **the Cambridge AICE Coordinator at Mainland High School**.

Rating scale:
6 = Superior, one of the top few encountered in my career
5 = Outstanding, top 5%
4 = Excellent, top 10%
3 = Above average
2 = Average
1 = Below Average

Please rate the student in the following categories:

Character Rating

1. _____ Maturity
2. _____ Concern/Respect for Others
3. _____ Personal Conduct
4. _____ Cooperation
5. _____ Leadership

Academic Rating

1. _____ Academic Interests
2. _____ Study Habits
3. _____ Achievement Level
4. _____ Motivation
5. _____ Academic Integrity

Overall Rating

_____ Highly Recommend

_____ Recommend

_____ Do Not Recommend

Please provide specific comments below relevant to the student's potential success in the Mainland High School Cambridge AICE Program.
Your complete honesty with comment area below would be greatly appreciated.