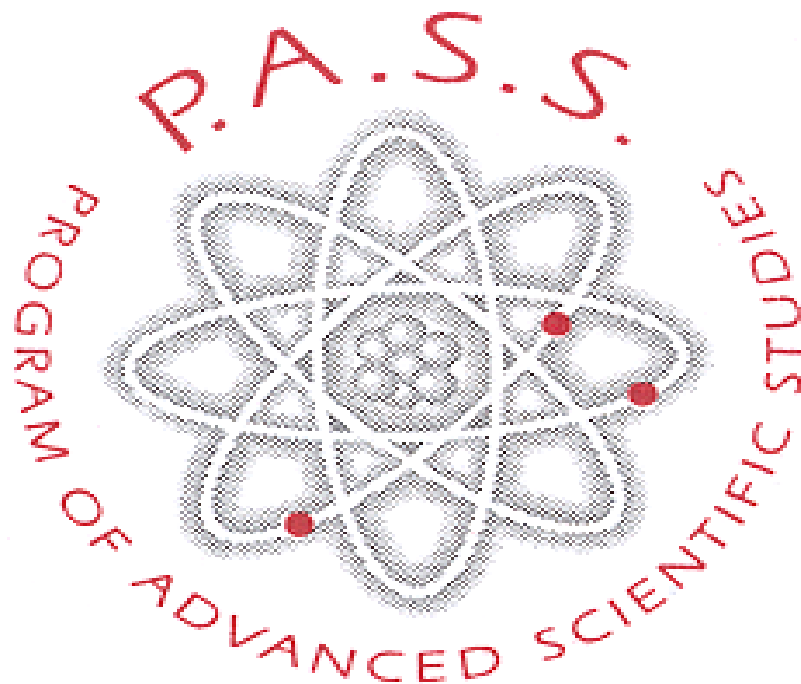
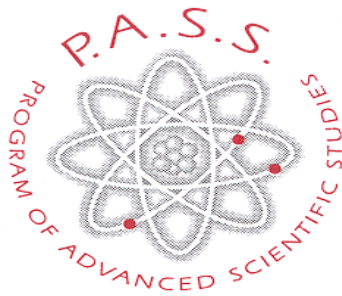


SEABREEZE HIGH SCHOOL



*PROGRAM OF
ADVANCED
SCIENTIFIC
STUDIES*



PROGRAM OF ADVANCED SCIENTIFIC STUDIES
(PASS)
STUDENT APPLICATION 2010
DUE by gpf 'qh' FEBRUARY, 2010
Student Information

Please print or type: Graduation year: _____

Name: _____
Last First Middle Aide Code

Address: _____
Number Street Apt# City Zip Code

Phone: _____ Social Security # _____ - _____ - _____ Age: _____

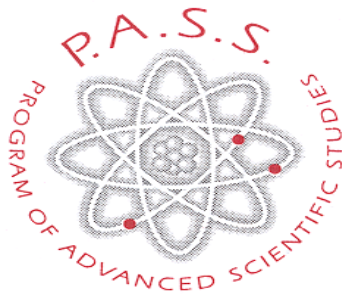
Sex: F _____ M _____ Birthdate _____ / _____ / _____

Present School: _____ Grade for the coming school year _____

Assigned school for the coming school year _____

Has the applicant been in any Exceptional Education Program? _____ Yes _____ No
If yes, please specify:

I. Essay, Write an essay that answers the following question: In your own words, explain why you would like to be part of the Program of Advanced Scientific Studies at Seabreeze High School. Include in your answer the nature of your interest in the sciences. Essay must be double spaced and typed. Use 12 point character. (Attach to the completed application)



Parent or Guardian Information

Name: _____ Home Phone : ____/____/____
Female Head of Household Work Phone: ____/____/____

Name: _____ Home Phone : ____/____/____
Male Head of Household Work Phone: ____/____/____

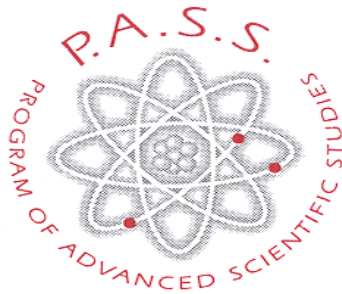
**By signing this form you will acknowledge your commitment to PASS.
This includes participation in the required summer programs, enrollment in
the
recommended course of studies, and continued commitment to the
high expectations of this program.**

Signature of
Applicant: _____ Date: _____

**By signing this form you will acknowledge your approval and commitment in
support of your child to PASS**

Signature of Parent/Guardian:

_____ Date: _____



**PROGRAM OF ADVANCED SCIENTIFIC STUDIES
(PASS)
COUNSELOR RECOMMENDATION**

STUDENT NAME: _____
 is applying for admission to the Seabreeze High School Program of Advanced Scientific Studies (PASS) and is requesting a reference from you. Thank you for taking the time to evaluate this applicant.

	EXCELLENT	GOOD	AVERAGE	POOR
ACADEMIC ACHIEVEMENT				
Motivation				
Attendance				
Conduct				

_____ I highly recommend
 _____ I recommend
 _____ I do not recommend

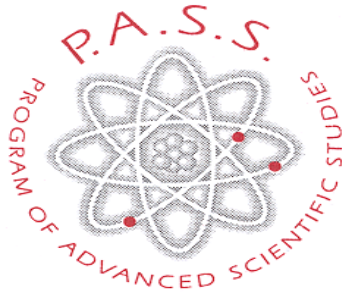
 Student's Name
 for the Program of Advanced Scientific Studies
 (PASS) at Seabreeze High School

How long have you known this student? _____
 Please provide us with information you deem relevant regarding the above student.

 Counselor Signature

 Date

Please return to Ruthie Labno at Seabreeze High School



**PROGRAM OF ADVANCED SCIENTIFIC STUDIES
(PASS)
TEACHER RECOMMENDATION**

STUDENT NAME: _____
 is applying for admission to the Seabreeze High School Program of Advanced Scientific Studies (PASS) and is requesting a reference from you. Thank you for taking the time to evaluate this applicant.

	EXCELLENT	GOOD	AVERAGE	POOR
ACADEMIC ACHIEVEMENT				
Motivation				
Attendance				
Conduct				

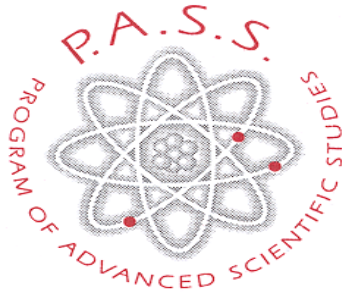
_____ I highly recommend
 _____ I recommend
 _____ I do not recommend

 Student's Name
 for the Program of Advanced Scientific Studies
 (PASS) at Seabreeze High School

How long have you known this student? _____
 Please provide us with information you deem relevant regarding the above student.

 Teacher Signature

 Date



**PROGRAM OF ADVANCED SCIENTIFIC STUDIES
(PASS)
TEACHER RECOMMENDATION**

STUDENT NAME: _____
 is applying for admission to the Seabreeze High School Program of Advanced Scientific Studies (PASS) and is requesting a reference from you. Thank you for taking the time to evaluate this applicant.

	EXCELLENT	GOOD	AVERAGE	POOR
ACADEMIC ACHIEVEMENT				
Motivation				
Attendance				
Conduct				

_____ I highly recommend
 _____ I recommend
 _____ I do not recommend

 Student's Name
 for the Program of Advanced Scientific Studies
 (PASS) at Seabreeze High School

How long have you known this student? _____
 Please provide us with information you deem relevant regarding the above student.

 Teacher Signature

 Date

**Please return by gpf 'qhi February, 2010 to
 Ruthie Labno, Assistant Principal at Seabreeze High School. Mrs. Labno can be contacted at 258-4674 ext.
 54624 and her fax number is 676-1451.**