

A.P.I.D. Application 2012-2013 INCOMING 9TH GRADERS

PLEASE COMPLETE ALL AREAS:



GENERAL:

Student Name: _____

Address: _____

Tel: _____ D.O.B. : _____

I am zoned for Bartram Trail H.S. (please circle): YES NO*

*If No please list which academy you have been accepted to: _____

RECOMMENDATIONS:

Please ask your respective subject area eighth grade teachers to sign below recommending you for these classes:

Algebra 1 (Honors). or higher (please state rec). _____

English 1 Honors _____

AP Human Geography _____

Biology 1 Honors _____

STATEMENT OF UNDERSTANDING:

We understand that any student accepted into the A.P.I.D. program must stay in it for the entire year. Required classes as outlined in the course selections presented on the back of this brochure cannot be changed or dropped. We also understand that continuation in this program is dependant upon academic success and good behavior.

Student Signature: _____

Parent Signature: _____

Please return to: Mrs Rachel Kusher, Bartram Trail H.S., 7399 Longleaf Pine Parkway,
St. Johns, FL 32259.