

Thomas Edison High School of Technology

Application Packet for School Year 2016-2017



Priority Due Date: January 15, 2016

Application Process

- All information submitted with the application will be maintained in confidence by all members of the screening committee.
- Applications submitted after the priority deadline will be reviewed in subsequent application review committee sessions.
- If the number of eligible students exceeds the number of seats available, the eligible students will go onto a wait list.
- Students will be notified of an application decision via US Mail.

Application Procedures

1. All applicants must complete all components of the application package and submit it directly to Thomas Edison HS of Technology.
2. Applicants can also obtain one (1) teacher recommendation from any school staff member. This person should be someone who knows the student well. That staff member will then forward the recommendation directly to Thomas Edison HS of Technology Counseling Office.
3. The essay portion should only be completed by the student.



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Application for Admission to Thomas Edison High School of Technology

12501 Dalewood Drive, Silver Spring, MD 20910

For information contact the School Counseling Office: 301-929-2181; FAX: 301-929-2230

Website: <http://www.montgomeryschoolsmd.org/schools/edison>



Note: Applications will continue to be accepted until school begins if space remains available.

Please indicate the programs for which you are applying. Prioritize by placing a 1, 2 and 3 to indicate choices.

- | | | |
|---|---|--|
| <input type="checkbox"/> Network Operations | <input type="checkbox"/> Professional Restaurant Management | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Graphic Design | <input type="checkbox"/> Academy of Hospitality & Tourism | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Architecture & CAD Technology | <input type="checkbox"/> Cosmetology ^ | <input type="checkbox"/> Electricity |
| <input type="checkbox"/> Automotive Technology | <input type="checkbox"/> Nail Technology | <input type="checkbox"/> Heating, Air Conditioning & Ventilation |
| <input type="checkbox"/> Auto Body Repair Technology | <input type="checkbox"/> Academy of Health Professions*
(Rising 11 th graders only) | <input type="checkbox"/> Masonry |
| <input type="checkbox"/> Foundations of Automotive Technology | | <input type="checkbox"/> Foundations of Building Construction |

NOTES: * Students applying for the Academy of Health Professions (AOHP) course must provide proof of U.S. citizenship to intern second semester at Walter Reed National Military Medical Center, per the U.S. Department of Defense regulations.

^ Students participating in Cosmetology or Nails will need to provide proof of citizenship or permanent residency to the Maryland State Board of Cosmetology to receive their state occupational license, upon passing the state board exam.

For more information, contact the School Counseling office at Thomas Edison HS of Technology at 301-929-2181.

Section I: Please fill in the sections below. Be sure to complete all spaces. If an item is non-applicable, please indicate with "N/A"

Student's Last Name:	First Name:	MCPS ID #:	Date of Birth:
<input type="checkbox"/> Male <input type="checkbox"/> Female	Student Cell #:	Has any member of your family attended Edison? If yes, who?	
Home Address:	City/ZIP:	Student email:	
Current School:	Counselor:	Does the student currently have <input type="checkbox"/> IEP <input type="checkbox"/> 504 Plan <input type="checkbox"/> ELL Plan	

Parent/Guardian Name:	Home#:	Cell#:	Email:
Parent/Guardian Name:	Home#:	Cell#:	Email:

Section II: Use this space to tell us about any awards, recognitions, and/or extra-curricular activities in which you have received/participated.

Please list any awards or special recognitions you have received in high school or middle school.

Please list any extra-curricular activities or special programs in which you participate. These may be school based or non-school based.

School Advocacy: Please include the name of a school staff member to whom you have given advocacy request form. This can be any staff member who knows you well. If you are applying to **Medical Careers**, you **must** get an advocacy from a Science teacher.

Staff/Teacher Name:	Subject:
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Section III: Please read the statement below, and the appropriate people must sign the spaces below, to acknowledge your consent.

Parent Permission Statement

I hereby submit this application for my child to be considered for this high school program and give my permission for school officials to report my child's achievement when required. I understand that the teacher information and any other supporting documents will be maintained in confidence by the Selection Committee, that the teacher advocacy information cannot be shared outside the Selection Committee, and that applications will not be returned to parents or students.

Student's Signature

Date

Parent/Guardian Signature

Date

Note: Most Thomas Edison HS of Technology programs have special clothing requirements, and/or a materials and lab fee. Course materials fees will be available upon acceptance.

This document is available in an alternate format, upon request, under the Americans with Disabilities Act, by contacting the Public Information Office, 850 Hungerford Drive, /Room 112, Rockville, MD 20850, 301-279-3391 or 1-800-735-2258 (Maryland Relay)

Individuals who need sign language interpretation or cued speech transliteration in communicating with the Montgomery County Public Schools may contact Interpreting Services in Program for Deaf and Hard of Hearing at 301-517-5539 or 5582 Voice/TTY).

The Montgomery County Public Schools prohibits illegal discrimination on the basis of race, color, national origin, religion, gender, age, marital status, socioeconomic status, sexual orientation, physical characteristics, or disability.

Inquiries or complaints regarding discrimination or Title IX issues such as gender equity and sexual harassment should be directed to the MCPS Human Relations Compliance Officer, Office of the Deputy Superintendent, 850 Hungerford Drive, Room 129

Section IV: The applicant only must complete this section. No assistance should be given. Attach an additional page, if needed.

Student's Last Name

First Name Initial

MCPS ID #

Please describe how your current knowledge, skills, and experiences have led you to apply for this program. Include information that tells why you are interested in the program(s) you have chosen, how it relates to your proposed college/career plans, and what qualities you currently possess that will help you to succeed in this course. You are encouraged to include information that will help us to get to know you better as a student.

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THOMAS EDISON HS OF TECHNOLOGY

Optional School Advocacy Form



STUDENT: Please complete the top portion of this form and give it to the staff/teacher from whom you are requesting an advocacy to be admitted to Thomas Edison HS of Technology.

Student Name: _____ MCPS ID # _____ Current School: _____

TEACHER: The student above has applied for admission to the Thomas Edison HS of Technology. Please complete this teacher advocacy form. Thank you for your assistance.

Staff Name:	Title:
In what capacity do you know this student?	How long have you known this student:

Please complete the following survey. Below is a series of characteristics students demonstrate to varying degrees in classes. Please indicate the top three characteristics below this student demonstrates in your class.

Characteristic	<input checked="" type="checkbox"/>	Characteristic	<input checked="" type="checkbox"/>
Works independently		Demonstrates enthusiasm for learning	
Works well in group settings		Demonstrates an interest in finding a solution	
Enjoys hands-on projects		Demonstrates motivation when working on a project of interest	
Seeks help when needed to reach a solution		Exerts effort to complete tasks	
Organizes a group in work or play to carry out a plan of action		Able to apply acquired knowledge/concepts to new situations	

Of the characteristics you noted above, describe one or more examples of how this student demonstrates this (these) characteristic(s) in the classroom. (Please add additional sheets of paper, if needed)

Signature

Date

Please send the completed recommendation form via email, Pony or FAX by January 15, 2016

Thomas Edison HS of Technology
Attn: Principal
Email: TEapplication@gmail.com
FAX: 301-929-2177

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