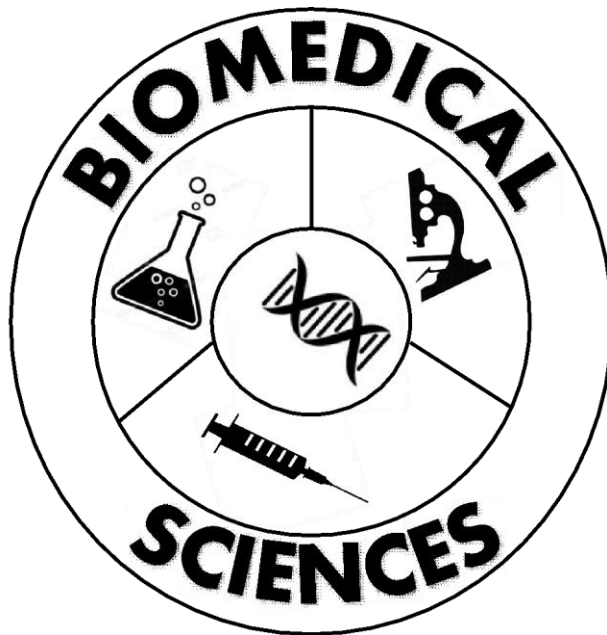




*Opelousas High School  
Magnet Academy of  
Biomedical Sciences*



*1014 Jusdon Walsh Dr. , Opelousas, LA 70570*

*337.948.0131*

*<https://opelousashigh.slp.k12.la.us>*

*Mrs. Gina Readore, M.S. Facilitator*

*Mr. Ricky Julien, M.Ed. Principal*

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***DEADLINE: March 23, 2020 (No late applications will be accepted.)***



## STUDENT APPLICATION

### Opelousas High School Magnet Academy of Biomedical Sciences

#### Part 1- Student Information

Please provide ALL requested information to ensure completion of the application. This application is for students entering grade 9 or 10 for the first time for the 2019-2020 academic year. Only completed applications will be entered into the lottery. Please attach **a current copy of latest report card to this application in a sealed envelope.**

(Please print clearly)

First Name	
Middle Name	
Last Name	
Did you participate in the OJHS STEM Academy?	yes      no
School(s) attended in 2019-2020	
Current Grade	
High School Zoned for in 2019-20	
Gender	male                  female
Date of Birth	Month:                                  Day:                                  Year:
Do you have access to a computer on a regular basis?	yes                  no
Home Phone	Area code (                  )
Parent's cell phone	Area code (                  )
Parent's email	

Physical Address	Street Address: Apt # City, State Zip Code
Mailing Address (if the same, write "same")	
Bus# for 2019-2020	
Bus Driver's Name for 2019-2020	
Will you need bus transportation to the academy if accepted?	yes      no      unsure
Do you have siblings currently attending the academy? If yes, indicate the name(s).	<input type="checkbox"/> yes <input type="checkbox"/> no
<p>If your child has an IEP (individual education plan) or IAP (504 plan) please check below and send a copy with this application. Please contact <b>Mrs. Readore</b> for a meeting. This will not affect your child's acceptance into the academy, but will only ensure that your child's educational plan continues smoothly into high school.</p> <p>My child has an      IEP      IAP / 504 plan      My child does not have one</p>	

**Mail or deliver the original application to**  
Opelousas High School  
OHS Biomed Application  
1014 Judson Walsh  
Opelousas, LA 70570  
**by March 23, 2020 .**

**\*\*\*NO LATE APPLICATIONS WILL BE ACCEPTED \*\*\***

**A brief interview (in person or by phone) will be conducted for all applicants.**

If required, the OHS Academy Lottery will be held and 75 selected students' names will be announced at the St. Landry Parish School Board Meeting on May 7<sup>th</sup>.

Parents will receive a letter in the mail stating whether or not their child was accepted to the program by April 3<sup>rd</sup>.

*To ensure your application package is complete, check that the following documents are in your manila envelope:*

*completed student information page      Report card      Letter of intent      Signed agreement*

*3 letters Recommendations in sealed envelope with signatures on back*

## Part 2 - Letter of Intent

**A letter of intent must accompany your application.** In the space provided, please write your letter of intent. Note: Used only as a writing sample. Please use correct grammar, spelling, and punctuation in your letter. You may hand-write or type-write your letter. Add an additional sheet if necessary. Your letter must address the following:

- The biomedical career field in which you are interested;
- Why you want to participate in the OHS Academy of Biomedical Sciences;
- Your personal strengths and skills related to the healthcare field in which you are interested;
- Your skills, talents, work and life experiences, languages, computer and organizational skills;
- How you think your career and academic goals will be supported by the experience at the OHS Academy of Biomedical Sciences

**Part 3: Agreement  
Applicant and Parent**

1. I understand that I will need access to technology/computer on a regular basis.
2. I understand that the Magnet Academy of Biomedical Sciences is a science-enriched program that requires diligence and has rigor; therefore, it is in my best interest that I have and maintain a 2.00 GPA.
3. I understand that if I am accepted in the OHS Academy of Biomedical Sciences I will be committed to:
  - a. Completing all of the necessary Academy courses
  - b. Following all of the school and Academy regulations
  - c. Completing an Academy Internship during the summer between Junior and Senior year
  - d. Being an Academy participant for the entire school day, including my senior year.
  - e. I understand that per the St. Landry Parish School Board Pupil Progression Plan, all PLTW courses adhere to the following GPA scale (beginning with the 2017-18 cohort and beyond)

GRADE	PERCENTAGE	QUALITY POINTS
A	100-93	5
B	92-85	4
C	84-75	3
D	74-67	2
F	66-0	1

4. I understand that by signing this application, I agree to attend the OHS Magnet Academy of Biomedical Sciences for the whole school year.
5. I understand that I must pass all standardized test in my 8<sup>th</sup> grade year AND be promoted to 9<sup>th</sup> grade in order to be eligible for the academy.
6. I understand that my Academy Magnet status will be rescinded if I:
  - a. Have less than 95% attendance (not including excused absences),
  - b. Am not promoted to the next grade level, and/or
  - c. Show a pattern of misconduct through multiple disciplinary actions.
7. I attest that everything I have included in this application is true.

**Parent(s)**

I have read with my child this application, agreement and the information document and approve of my child's participation in the OHS Magnet Academy of Biomedical Sciences. I agree to release my child's school records to the Academy Admission Committee for use in the application process.

I understand that by signing this form, I agree that my child will attend the OHS Magnet Academy of Biomedical Sciences for the whole school year.

I waive my rights to view the recommendations of my child's current teachers and administrator.

**Applicant and Parent/Guardian's Signatures:**

**(Student)** \_\_\_\_\_

**Date:** \_\_\_\_\_

**(Parent)** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Part 4 – Recommendations #1 - Opelousas High Magnet Academy of Biomedical Sciences

Please give this form to your 2019-2020 math and science teachers for recommendation. Each applicant is required to submit two (2) teacher recommendations, one from the math teacher, and one from the science teacher of 2019-2020. You will also need a recommendation from your principal or assistant principal.

### Current Math and Science Teacher(s)

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Subject taught to student: \_\_\_\_\_

*The above named student is applying to the OHS Magnet Academy of Biomedical Science, a science-enriched program that requires diligence and rigor and has been asked to submit this form to his or her science or math teacher(s). **Please complete the confidential recommendation form to applicant in a sealed envelope with your signature on the back tab by March 16th.** The student and his/her parents have waived their rights to see this recommendation; please feel free to provide us with an open and honest opinion on the traits of this student.*

Please check one.	EXCELLENT	GOOD	FAIR	POOR
Character (honesty, attitude, etc.)				
Class Participation				
Discipline/Behavior in Class				
Timely completion of Assignments/Homework				
Social Relationship with Peers				
Relationship with Adults/Respect for Authority				
Ability to work in groups				
Stays on task				
Science Teacher: Science Skills Math Teacher: Math Skills				
Punctuality to Class				
Use of Technology (computer, etc.)				
Student's Ability to Function in High School Honors Courses for Core Content Classes				

Comments or concerns (You may attach a letter if additional space is needed.):

**Overall recommendation:**

Highly Recommend     
  Recommend     
  Recommend with reservations     
  Do not recommend

**Teacher's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Part 4 – Recommendations #2 - Opelousas High Magnet Academy of Biomedical Sciences**

Please give this form to your 2019-2020 math and science teachers for recommendation. Each applicant is required to submit two (2) teacher recommendations, one from the math teacher, and one from the science teacher of 2019-2020. You will also need a recommendation from your principal or assistant principal.

**Current Math and Science Teacher(s)**

Student's Name: \_\_\_\_\_

School: \_\_\_\_\_

Teacher's name: \_\_\_\_\_

Subject taught to student: \_\_\_\_\_

The above named student is applying to the OHS Magnet Academy of Biomedical Science, a science-enriched program that requires diligence and rigor and has been asked to submit this form to his or her science or math teacher(s). **Please complete the confidential recommendation form to applicant in a sealed envelope with your signature on the back tab by March 16th<sup>th</sup>.** The student and his/her parents have waived their rights to see this recommendation; please feel free to provide us with an open and honest opinion on the traits of this student.

Please check one.	EXCELLENT	GOOD	FAIR	POOR
Character (honesty, attitude, etc.)				
Class Participation				
Discipline/Behavior in Class				
Timely completion of Assignments/Homework				
Social Relationship with Peers				
Relationship with Adults/Respect for Authority				
Ability to work in groups				
Stays on task				
Science Teacher: Science Skills Math Teacher: Math Skills				
Punctuality to Class				
Use of Technology (computer, etc.)				
Student's Ability to Function in High School Honors Courses for Core Content Classes				

Comments or concerns (You may attach a letter if additional space is needed.):

**Overall recommendation:**

Highly Recommend

Recommend

Recommend with reservations

Do not recommend

**Teacher's signature** \_\_\_\_\_ **Date** \_\_\_\_\_

### Part 4 - Recommendations #3 - Opelousas High Magnet Academy of Biomedical Sciences

Please give this form to your 2019-2020 math and science teachers for recommendation. Each applicant is required to submit two (2) teacher recommendations, one from the math teacher, and one from the science teacher of 2019-2020. You will also need a recommendation from your principal or assistant principal.

#### Administrator's Recommendation

Student's Name: \_\_\_\_\_ 2019-2020 School Attended: \_\_\_\_\_

Principal or Asst. Principal's Name: \_\_\_\_\_

The above named student is applying to the OHS Magnet Academy of Biomedical Science, a science-enriched program that requires diligence and rigor and has been asked to submit this form to his or her principal or assistant principal. **Please complete the confidential recommendation form to applicant in a sealed envelope with your signature on the back tab by March 16<sup>th</sup>.** The student and his/her parents have waived their rights to see this recommendation; please feel free to provide us with an open and honest opinion on the traits of this student.

Please check one.	EXCELLENT	GOOD	FAIR	POOR
Character (honesty, attitude, etc.)				
Social Relationship with Peers				
Relationship with Adults/Respect for Authority				
Academic potential				
Academic performance				
Attendance				
Citizenship				
Behavior				
Leadership				
Participation in activities				
Overall evaluation of student				

Comments or concerns (You may attach a behavior report and/or letter if additional space is needed.):

Overall recommendation:

Highly Recommend      Recommend      Recommend with reservations      Do not recommend

Administrator's signature \_\_\_\_\_ Date \_\_\_\_\_