

Application for Middle School Advanced Academic Program 2024 - 2025

I am requesting a determination of eligibility for enrollment in the **Middle School Advanced Academic Program** for the school year 2024-2025. PLEASE PRINT. (If you need help with this form, email mailto:advancedacademics@ppsd.org)

Child's Name:	<u> </u>				
	First	Middle		Last	
Date of Birth:		_ (Gender: Male_	Female	
Ethnic Status:	American Indian/Alaskan Hispanic White Other (please list	Nati	ve Hawaiian or		
Address:					
City		State _	Zij	p Code	
Home Phone:			Work Phone:		
Cell Phone:			E-Mail:		
Current School:			Current Grade:		
Current Schoo	l Counselor's Name:				
Language Spoken in the Home: English Spanish Other: (list)					
Parent/Guardia	an: Please print, sign your i	name, a	and date. Thanl	k you.	
Print Name: _					
Signature:				Date:	
Scan and emai	1 documents to: advancedad	cademic	cs@ppsd.org.		

Parent checklist for documentations:

- o Final Report Card for the 2020-2021, 2021-2022, 2022-2023 school years
- o First Full Quarter/Trimester Report Card for the 2023 2024 school year when available
- o Teacher's Recommendation
- o Application for Advanced Academic Program
- o Parent Nomination/Observations
- o Student Self-Inventory