



**CARTER G. WOODSON ACADEMY
2020-2021 APPLICATION**

STUDENT FORM (Due no later than November 15, 2019)

STUDENT QUESTIONNAIRE (Student forms must be completed by student applicant.)

1. What activities such as music, yearbook, student government or sports do you hope to participate in at CGWA?

Clubs/ Organizations Service Robotics/ STLP Math Team Student Government

Fine Arts Orchestra Band Drama

Publications Yearbook

Athletics Baseball Tennis Cross Country Track
 Football Soccer Basketball Lacross
 Swimming Archery

Other (please list):

2. If you have received any special recognitions or awards for performance or service in any area (such as art, music, academics, sports, camp, scouting, church, job, etc.), please describe. Include any offices or positions of responsibility you may have held.

3. Which academic subject interests you the most?

Which academic subject interests you the least?

4. On average, how many hours do you spend weekly on homework? _____

5. On average, how much time do you spend weekly reading for your own pleasure? _____

Student Applicant Signature: _____

Date: _____



CARTER G. WOODSON ACADEMY
2020-2021 APPLICATION
PARENT/ GUARDIAN FORM

STUDENT NAME: _____

In the space provided, please share any additional information you feel would be helpful in assessing the student applicant.

Parent/ Guardian Signature: _____

Date: _____



CARTER G. WOODSON ACADEMY

2020-2021 APPLICATION

ADULT RECOMMENDATION (Due no later than November 15, 2019)

Failure to complete this recommendation by the deadline may result in application being ruled ineligible for consideration.

STUDENT NAME:

LAST NAME

FIRST NAME

RECOMMENDATION COMPLETED BY:

HOW DO YOU KNOW THE APPLICANT:

HOW LONG HAVE YOU KNOWN THE APPLICANT:

STATEMENT OF SUPPORT

Why do you feel Carter G. Woodson Academy would be a good opportunity for the student applicant? (Attach additional sheets if necessary.)

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COUNSELOR'S RECOMMENDATION (Due no later than November 29, 2019)

Incomplete counselor recommendation will result in the application being ineligible for consideration.

I, _____, parent /guardian of _____ give permission for all information requested on this recommendation be provided to CGWA as a part of the application process for consideration to be admitted.

Parent/Guardian Signature : _____

STUDENT INFORMATION

STUDENT NAME:

LAST NAME

FIRST NAME

CURRENT SCHOOL:

COUNSELOR'S NAME:

504

IEP (Special Services)

G/T

B/P

Please print & attache the following information for 2017-2018, 2018-2019 & 2019- present

Attendance Profile

Behavior Profile

Assessment

Report Card

***** If the Infinite Campus information listed above is not available for the 3 years indicated, please complete the following.**

Please indicate if the student is perfoming below, on or above grade level in reading and math.

Reading:

Below

On Grade Level

Above

of Absences 2018-19 _____

Math:

Below

On Grade Level

Above

Discipline Referrals 2018-19 _____

Please list three skills this student demonstrates in order to be successful in a rigorous college preparatory program.

What services & support have you provided to the student applicant and/or his family?

What other information would you like us to know about this young man?

_____ I recommend this applicant.

_____ I do not recommend this applicant.

**Counselor, please mail recommendation to: CGWA 2000 Winchester Rd. Lexington, KY 40509 or send via courier.
Please do not return to parent.**