

# John F. Kennedy High School SOAR

## Application Packet 2019–2020 School Year

Application Deadline:  
December 14, 2018

**Mr. Robert A. Johnston**  
Principal

422 Highland Ave. Waterbury, CT 06708  
203-574-8150  
203-574-8154 (fax)

**WATERBURY SCHOOL DISTRICT**

# APPLICATION SCHEDULE

October 2018 – April 2019

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Visit feeder schools: October 2018

Applications become available: September 17, 2018

**SOAR Open House:** October 11, 2018

**Student shadow days in SOAR:** October 11, 2018 – December 14, 2018

**Application Deadline:** December 14, 2018

**Notification** letters mailed to families: January 25, 2019

**Student acceptance deadline:** February 22, 2019

**Registration** for those accepted: Spring 2019

**Summer Workshop:**

**August 2019 at Kennedy High School—REQUIRED of new students!**



# John F. Kennedy High School

## SOAR

### ADMISSION POLICY AND APPLICATION INSTRUCTIONS for the 2019 -2020 school year

Dear Prospective Applicant:

Thank you for your interest in the SOAR Program. The SOAR program is an advanced academic program and we have limited enrollment. These application materials will allow us to assess your qualifications for our program. All information must be completed, signed and returned by December 14, 2018.

The Application Checklist will help you organize your materials. Please complete this form neatly and accurately. The form must be signed by you and a parent/guardian.

I look forward to receiving your completed application. If you need any assistance in completing this application, please call 203-574-8150 and we will be happy to help you. By January 25, 2019, we will mail you information about the status of your application to the SOAR Program.

Sincerely,

Robert A. Johnston  
Principal  
Kennedy High School

# SOAR

## Application Checklist School Year 2019-2020

Name: \_\_\_\_\_  
(Please print)

The Application Review Committee will not review an application until **all** required items have been received. The following checklist is provided to help you organize these items. Check off each item as you complete it and assemble the items ***in the order listed below***. **Blue or black ink** should be used throughout the entire application. **\*\*It is the parent and student's responsibility to ensure receipt of the application and necessary materials to Kennedy High School by the deadline.** This may mean sending reminders to your child's school and teachers.

### Required Items:

- \_\_\_\_\_ Application Checklist (page 4)
- \_\_\_\_\_ Application Form (page 5)
- \_\_\_\_\_ Shadow Application (page 6) **Returned by November 16, 2018**
- \_\_\_\_\_ Copy of student's transcript and latest report card including first semester grades and attendance
- \_\_\_\_\_ Copy of most recent SBAC scores, or scores from a nationally-normed test, if available
- \_\_\_\_\_ Two teacher recommendation forms: one recommendation from the language arts or social studies teacher and one from a math or science teacher. These must be mailed directly to Kennedy High School or faxed by the teacher (pages 7-10, double-sided).
- \_\_\_\_\_ Essay Component (see page 11-13)
- \_\_\_\_\_ A typed list of any involvement in sports, extracurricular activities, or community-based activities

Return your completed application to:

**SOAR Admissions  
John F. Kennedy High School  
422 Highland Ave.  
Waterbury, CT 06708**

### CRITERIA FOR SELECTION:

- Academic Achievement
- Teacher Recommendations
- Essay
- Interview
- Demonstrated leadership, community service, and/or engagement in extracurricular activities
- Demonstrated excellence in personal character

**Application Deadline: December 14, 2018**  
**Deadline to Shadow/Visit: December 14, 2018**

J. F. Kennedy High School

**SOAR**  
**APPLICATION**  
2019-2020 School Year

**Applicant Information**

Elementary School:	Middle School:	Grade applying for:
Last Name:	First Name:	
Current Address:		
City:	State:	Zip Code:
Date of Birth:	Circle: Male or Female	

**Parent/Guardian Information**

Parent/Guardian Name:	E-mail:	
Home Phone:	Work Phone:	Cell Phone:
Parent/Guardian Name:	E-mail:	
Home Phone:	Work Phone:	Cell Phone:

**Acknowledgement and Signature**

TO BE CONSIDERED FOR ACCEPTANCE, THE APPLICATION MUST BE SIGNED BY THE PARENT/GUARDIAN AND STUDENT.

Student's Signature:	Date:
Parent's Signature:	Date:

# SHADOW REQUEST FORM

Shadowing Dates: October 11, 2018 – December 14, 2018

Students interested in applying to SOAR must submit a SHADOW REQUEST FORM as soon as possible. Shadowing is mandatory for all applicants. You will be notified if your requested date is available.

On your confirmed shadow date, please arrive by 7:05 am, in dress code. Report to the main office where you will meet the principal, guidance counselor, and a present 9<sup>th</sup> grade SOAR student.

When picking up your child from the main office, you will be provided with an absence form to turn in to your home school. Visiting students should bring pen and paper.

Submit your request to Kennedy High School by fax or by mail to SOAR Admissions, Kennedy High School, 422 Highland Avenue, Waterbury, Connecticut 06708, phone (203) 574-8150, Fax (203) 574-8154. The request can also be emailed to Ms. Danielle Moffo at [dmofo@waterbury.k12.ct.us](mailto:dmofo@waterbury.k12.ct.us).



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Student Name: \_\_\_\_\_

Male  Female

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

List the date you would like to shadow: \_\_\_\_\_

I hereby grant permission for my child, named above, to be at Kennedy High School on a shadow visit.

Daytime Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# SOAR – Teacher Recommendation Form (English or Social Studies Teacher)

**To the Student:** Please print your name and school below and give this form and a stamped, addressed envelope to a teacher.

Applicant's Name: \_\_\_\_\_

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

**To the Teacher:** The student named above is applying for admission to the SOAR program at John F. Kennedy High School. The selection committee places considerable weight on the academic and personal qualifications of students and your recommendation is extremely important to the process. Please complete this form and return it in the envelope provided or fax it to SOAR Admissions at 203-574-8154.

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught or advised. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10%)	Good (above average)	Average	Below Average	No Basis for Judgment
Academic Potential						
Academic Achievement						
Intellectual Curiosity						
Effort/Determination						
Ability to Work Independently						
Organization						
Creativity						
Willingness to take Intellectual Risks						
Concern for Others						
Honesty/Integrity						
Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Teachers						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively strong or weak in any areas listed above, please elaborate.

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What are the first three words that come to mind to describe this student?

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Please comment on the student's character, citizenship, and contributions to your community.

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Has the student ever been dismissed, suspended, placed on probation, or received other disciplinary sanction?

Yes

No

Please feel free to offer any additional comments you feel will be helpful in evaluating this candidate.

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Thank you for taking the time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and disclosed only to the Selection Committee and others deemed necessary by the administrators of SOAR.

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Signature

Date

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Printed Name

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Title/Academic Content Area



## SOAR – Teacher Recommendation Form (Math or Science Teacher)

**To the Student:** Please print your name and school below and give this form and a stamped, addressed envelope to a teacher.

Applicant's Name: \_\_\_\_\_

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

**To the Teacher:** The student named above is applying for admission to the SOAR program at John F. Kennedy High School. The selection committee places considerable weight on the academic and personal qualifications of students and your recommendation is extremely important to the process. Please complete this form and return it in the envelope provided or fax it to SOAR Admissions at 203-574-8154.

Please place check marks at the points that represent your evaluation of the student in comparison to other students in his or her age group whom you have taught or advised. If you have no fair basis for judgment, do not hesitate to say so.

	One of the top few I have ever encountered	Excellent (top 10%)	Good (above average)	Average	Below Average	No Basis for Judgment
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Self-esteem						
Maturity (relative to age)						
Responsibility						
Respect Accorded by Teachers						
Respect Accorded by Peers						
Emotional Stability						
Overall Evaluation as a Person						
Overall Evaluation as a Student						

If the student is relatively strong or weak in any areas listed above, please elaborate.

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What are the first three words that come to mind to describe this student?

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Please comment on the student's character, citizenship, and contributions to your community.

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Has the student ever been dismissed, suspended, placed on probation, or received other disciplinary sanction?

Yes

No

Please feel free to offer any additional comments you feel will be helpful in evaluating this candidate.

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Thank you for taking the time to complete this evaluation. Your reflections are an important part of the candidate's application. All information you provide will be held in confidence and disclosed only to the Selection Committee and others deemed necessary by the administrators of SOAR.

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Signature

Date

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Printed Name

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Title/Academic Content Area

# *Essay Component*

Write this essay in your own handwriting in blue or black ink on the page provided. Do not exceed this space. The essay must be 200-500 words.

**What strengths and skills can you personally bring to Kennedy High School to enhance both the SOAR program and the Kennedy High School community?**

You may wish to consider the following:

- Academic ability and interest
- Social awareness
- Civic/Community involvement
- Extra-curricular activity
- Athletics
- Personal interests



