

# John F. Kennedy High School

## **SOAR**

### **Application Packet**

### **2021-2022 School Year**

**Application Deadline:**  
**December 21, 2020**

**Mr. Robert A. Johnston**  
Principal

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

**WATERBURY SCHOOL DISTRICT**

# APPLICATION SCHEDULE

## October 2020 - April 2021

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Visit feeder schools: October 2020

Applications become available: October 1, 2020

**SOAR Open House (Virtual):** Several Dates Throughout November/December 2020

**Application Deadline:** December 21, 2020

**Notification** letters mailed to families: January 22, 2021

**Student acceptance deadline:** February 26, 2021

**Registration for those accepted:** Spring 2021

**Summer Workshop:**

**August 2021 at Kennedy High School—REQUIRED of new students!**



# John F. Kennedy High School

## SOAR

### ADMISSION POLICY AND APPLICATION INSTRUCTIONS for the 2021 - 2022 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 21, 2020.

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 22, 2021, 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 2021-2022

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)
- \_\_\_\_\_ 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 21, 2020**

J. F. Kennedy High School

**SOAR**  
**APPLICATION**  
2021-2022 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:

# 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 Achievement						
Intellectual Promise						
Respected By Faculty						
Work Habits						
Maturity						
Motivation						
Leadership						
Integrity						
Reaction To Setback						
Concern For Others						
Self-Confidence						
Initiative/Independence						
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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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?

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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 pages 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



