

APPLICATION PACKET DIGITAL HIGH PROGRAM

Student Name

School

Career Cluster Area of Interest



HIGH SCHOOL DIGITAL HIGH PROGRAM APPLICATION

Date:	Indicate career/job interest:
Student Name:	Student ID#:
E-mail Address:	
	completed (example: Career Technical), work experience, or will aid us in evaluating your qualifications for this progran
Please list your school activities,	honors received and offices held.
Please list any community or volu	nteer activities you have been involved with.
time after normal school hours (pr	or obligations that could interfere with your ability to commi- rogram is set to run 12:30 – 4:00 M-TH with Friday afternoon sports, school or community activities, part-time job, lo
If you checked YES, please descriable to work out.	be. Depending on the situation, some schedules might be
I will be able to take this program	(choose one):
☐ Fall Semester only ☐	Spring Semester only Either Fall or Spring
I understand two blocks of time is	required to participate in the program:
☐ Yes ☐ No	
Postsecondary Education Goals:	

In 100 words or less, explain how you think this experience will help you in your future career pathway.
Why do you feel that you should be chosen to participate in the Digital High Program?
Why have you chosen this particular career field of interest?
What do you see yourself doing in 10 years?

Student Name:	Cell Phone:	
Address:	City:	Zip Code:
Home Phone:	E-Mail:	
School:	Birthdate:	
Parent/Guardian Name:		
Address:	City:	Zip Code:
Home Phone:	E-Mail:	
Business Phone:	Place of Emp	ployment:
Alternate Parent/Guardian/Contac	t Person	
Name:		
Address:	City:	Zip Code:
Home Phone:	E-Mail:	
Business Phone:	Place of Emp	ployment:
Recommendation Forms		
Please list the names of teachers form.	below to who	om you have given a Letter of Recommendation
1.		
2.		
3.		

Student/Parent Information:

Telephone Name **Business**

If you will be submitting a Letter of Recommendation of skills attained from an employer/community person please include their contact information below. Letters may be faxed to Hall County Schools, Attention Rhonda Samples, 678-450-5978.

Certification

I certify that the facts contained in this application are true and complete to the best of my knowledge, and understand that – if selected for this program, falsified statements may be grounds for removal.

I authorize investigation of all statements contained herein, the references listed in this application, all information concerning previous employers, and release all parties from liability for any damage that may result from furnishing the same to you.

Travel Release Statement

As parent/guardian of the above name student, I understand that Hall County Schools will not be providing transportation. I give my permission for my son/daughter to provide his/her own transportation to the worksite. My son/daughter has a valid Georgia driver's license and auto insurance and I assume full responsibility for his/her transportation.

Authorization to Release Information

	named student, or the below named individual if 18 years old, enticeship, representing an approved school system, to release ords for the following individual:
Student Name	Birthdate
as it pertains to the Digital High I	Program, Youth Apprenticeship and the participating schools.

Student Signature	Date	Parent Signature	Date
School Administrator	 Date	WBL//Career Tech Instructor Counselor/Graduation Coach	Date

High School Digital High Program TEACHER RECOMMENDATION FORM

(Confidential)

Student Name:	Grade:	S	School:			
	ecklist is provided for tho					
No Basis for	Work Ethic to be	Below	Average	Above	Excellent	
Judgment	Rated	Average		Average	(top 10%)	
	Responsibility					
	Attitude					
	Problem Solving					
	Effort					
	Interpersonal Skills					
	Attendance					
	Punctuality					
	Maturity					
	Team Worker					
	Decision Making					
	Honesty/Integrity give reasons for any of gnificance of ratings to	•	•	so here. V	Ve find an exp	olana
for the si Please feel frequalificate	Honesty/Integrity give reasons for any of gnificance of ratings to e to make other commitions for this program.	be very help	ful. Il indicate y	our estima	ation of this s	
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for the si Please feel frequalificate Please check o	Honesty/Integrity give reasons for any of gnificance of ratings to e to make other commitions for this program. ne: nend that the above study	be very help	ful. Il indicate you	our estima	ation of this s	stude

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(Confidential)

	Grade:	5	School:		
	ecklist is provided for thos				
No Basis for	Work Ethic to be	Below	Average	Above	Excellent
Judgment	Rated	Average		Average	(top 10%)
	Responsibility				
	Attitude				
	Problem Solving				
	Effort				
	Interpersonal Skills				
	Attendance				
	Punctuality				
	Maturity				
	Team Worker				
	Decision Making				
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High School Digital High Program TEACHER RECOMMENDATION FORM

(Confidential)

Note: Please ret sealed envelope of	urn to the Counselor or to t or in person.	he school Wor	k-Based Lear	ning or Appro	enticeship coo	rdinator in a
Student Name:	Grade:	S	School:			
	ecklist is provided for tho r/him. We hope that it will p					
No Basis for	Work Ethic to be	Below	Average	Above	Excellent	7
Judgment	Rated	Average		Average	(top 10%)	_
	Responsibility					_
	Attitude					_
	Problem Solving					
	Effort					
	Interpersonal Skills]
	Attendance					
	Punctuality					7
	Maturity]
	Team Worker					
	Decision Making					
	Honesty/Integrity					
for the si	give reasons for any of gnificance of ratings to e to make other commitions for this program.	be very help	ful.			
Please check o	ne:					
I recomm	nend that the above stud	dent be accep	oted into the	e Digital Hig	gh Program.	
l do not r	ecommend that the abo	ve student b	e accepted	into the Dig	gital High Pro	ogram.
Print Na	ame	Print Title		Su	ıbject Area	_
		Si	gnature		Date	

CHECKLIST for DIGITAL HIGH PROGRAM (Please place as the cover page of packet.)

Student:	School:
Please mak ORDER:	e sure the following items are completed and attached to this cover page IN
	Complete Application (pages 1 - 5)
	Resume
	Reference Page
	Teacher Recommendations (three required) – Your teacher will attach these to your application packet since they are confidential. (pages 6, 7, 8)
	Optional: Additional letter of recommendation from community/employer. Letters may be faxed to Hall County Schools, Attention Rhonda Samples, 678-450-5978.
	Copy of high school transcript
	Discipline record from school – Your teacher will attach this record for you.
	mit completed application packets to your Counselor or Work-Based Learning
	Please forward all completed packets to Rhonda Samples, Lanier Career Center, ceive the information.
_	or students selected from the application process will be announced at a later