



# UNIVERSITY of CAMBRIDGE International Examinations

---

## CAMBRIDGE INTERNATIONAL CENTRE

---

at Sacajawea and Lakota Middle Schools

### Application Checklist :

Student's Name: (please print) \_\_\_\_\_

- \_\_\_\_\_ 1. Complete **application** form and make sure that the student and parent/guardian both sign and date the form.
- \_\_\_\_\_ 2. Complete Essay - in a 3-paragraph essay, no longer than 1 page, answer the following question:  
*What are the qualities of a successful student?*
- \_\_\_\_\_ 3. Make a copy of the student's first semester (or most recent) **report card**.
- \_\_\_\_\_ 4. Give a copy of the **teacher recommendation** form to **TWO** of the student's current teachers (Math, Science or Language Arts teachers). Incoming 6<sup>th</sup> grade students submit recommendation from your 5<sup>th</sup> grade teacher.
- \_\_\_\_\_ 5. Mail or deliver the application form, essay, copy of the report card, and School Choice Form (when applicable) to:

**SACAJAWEA OR LAKOTA MIDDLE SCHOOLS  
ALL PORTIONS OF THE APPLICATION MUST ARRIVE BY  
February 27<sup>th</sup>, 2009.**

**An incomplete application packet may prevent a student from being considered for participation in the Cambridge Checkpoint Preparatory Academy.**

### STUDENT APPLICATION FORM

To be eligible for the Cambridge Checkpoint preparatory Academy students must have recommendation forms completed by their language arts, math, and science teacher(s), passed all parts of their most recent WASL (400 or better) or most recent FWSD course assessments, and earned a "B" or better in their first semester core classes (math, science language arts).

Date \_\_\_\_\_ Grade (next year) \_\_\_\_\_

Student's Name \_\_\_\_\_ DOB \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Telephone \_\_\_\_\_ E-mail Address \_\_\_\_\_

Name of Parent(s) or Guardian(s) (please print) \_\_\_\_\_

Parent/Guardian Email Address \_\_\_\_\_

Father's Work No. \_\_\_\_\_ Mother's Work No. \_\_\_\_\_

Name of Current Elementary/Middle School \_\_\_\_\_ Student ID # \_\_\_\_\_

Will your son or daughter require any special services while attending the Cambridge Checkpoint Preparatory Academy?

\_\_\_ YES \_\_\_ NO

Deadline for Application: February 27<sup>th</sup>, 2009.