



Maynard Holbrook Jackson High School  
IB Candidate  
Pre-International Baccalaureate (IB) Diploma Programme  
2014-2015  
Application

**Application period is March 1 – May 16, 2014**

**PLEASE COMPLETE THIS APPLICATION BY PRINTING IN INK.**

Legal Name of student

\_\_\_\_\_  
Last First Middle

Age \_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Gender *Female Male*

Circle

**(THIS SECTION IS OPTIONAL)**

ETHNICITY: (Must select one) ☐ Hispanic/Latino ☐ Not Hispanic/Latino

RACE: (Must select at least one) ☐ Black or African American ☐ Asian ☐ White  
☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander

Legal Name(s) of Parent/Legal Guardian

Home address

\_\_\_\_\_  
(Street)

\_\_\_\_\_  
(City) (State) (Zip)

Parent e-mail  
address \_\_\_\_\_

Residence phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Business phone (m) \_\_\_\_\_ (f) \_\_\_\_\_

School assignment (by high school attendance cluster) \_\_\_\_\_

School presently attending \_\_\_\_\_ Grade \_\_\_\_\_

Expected grade level for 2014-2015 \_\_\_\_\_

**PLEASE READ CAREFULLY:** By submitting this application you understand the commitment of effort and time your child is undertaking if accepted into the Pre-International Baccalaureate Diploma (IB) program. This commitment includes agreeing to keep your child in the Pre-IB program for at least one semester. Also, any academic, attendance or behavior problems will be sufficient cause to rescind any acceptance that may be granted.

**Parent/Guardian**

Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Please return this application no later than May 19, 2014 to:

Sharonda F. Murrell, Academy Leader/ IB Coordinator  
Maynard H. Jackson High School  
801 Glenwood Avenue, S.E.  
Atlanta, GA 30316  
(404) 802-5247

Atlanta Public Schools is one of the top-performing urban school systems in America. Our innovative learning programs, nationally recognized best practices and excellent teachers are making a difference in the lives of our students. We are committed to ensuring that all students graduate from our schools ready for success in college and life, and prepared to build a stronger Atlanta.



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**For Office Use Only**  
**(Academy Leader/IB Coordinator or Principal Completes This Page)**

Grade Level\_\_\_\_\_

- ☐ Student is recommended for the Pre-IB program at Jackson.
- ☐ Student is # \_\_\_\_\_ on a waiting list for the Pre-IB program at Jackson
- ☐ Student is not eligible for the Pre-IB program at Jackson

Reason for ineligibility

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Signature of Academy Leader/ IB Coordinator or Principal \_\_\_\_\_

Date \_\_\_\_\_



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**REQUIREMENTS**

Name of 8<sup>th</sup> grade math course \_\_\_\_\_ Grade in course \_\_\_\_\_

CRCT Scores for Last Grade Completed      **Reading** \_\_\_\_\_      **Math** \_\_\_\_\_

Cumulative grade point average (GPA) for grades 6-8 \_\_\_\_\_

**APPLICATION ATTACHMENTS**

1. Please attach a neat and legible hand written or typed 250 word essay that explains why you wish to pursue the Pre-IB Diploma Programme. Please ensure to include answers to the following questions within your essay:
  - How will the Pre-IB Diploma Programme assist you with accomplishing your goals and future aspirations?
  - What are you hoping to gain from the Pre-IB Diploma Programme?
  - What are you hoping to contribute to the Pre-IB Diploma Programme?
  - What do you know or have researched about the benefits of the IB Diploma Programme?
2. Include a copy of the student's last report card and most recent progress report.
3. Include a copy of the student's most recent CRCT scores.
4. Two recommendation forms (found on pages 4-7 of this application) are to be completed by two different current core subject teachers, and should be returned in a sealed envelope to the Academy Leader/IB Coordinator no later than **May 19, 2014**.

**CURRENT PRINCIPAL'S SIGNATURE** \_\_\_\_\_  
**Date** \_\_\_\_\_



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**Teacher Recommendation Form – Jackson Pre-IB Diploma Programme**  
**Must include two recommendation forms from two different current core subject teachers**

**To the Applicant:** Complete this section only and give this form to a current core teacher. The comments are confidential and must be sealed in an envelope and submitted with your completed application or the teacher may select to mail the form.

Student's Name \_\_\_\_\_  
Last First Middle

Student's Address \_\_\_\_\_  
Street  
City State Zip code

Student's current school \_\_\_\_\_

Recommending Teacher's name \_\_\_\_\_

**To the recommender:** The student is applying for admission to Jackson's Pre-IB program. Please use this form to communicate information regarding academic performance and other characteristics that would affect the success of the student. Your comments are confidential and will not be shared with the student or parents/guardians. Please return this form to the student in a sealed envelope with your signature across the seal or mail to the following address to be received no later than **May 19, 2014**:

Sharonda F. Murrell, Academy Leader/IB Coordinator  
Maynard Holbrook Jackson High School  
801 Glenwood Avenue, S.E.  
Atlanta, GA 30316

How long have you known the applicant? \_\_\_\_\_

Which subject do you teach the applicant? \_\_\_\_\_

Describe the applicant's academic performance and ability. \_\_\_\_\_



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 (Continued on the Back)

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**Please rate the applicant on the following:**

	No Basis	Needs Improvement	Average	Very Good	Excellent
Creativity					
Responsibility					
Motivation					
Time Management					

	No Basis	Needs Improvement	Average	Very Good	Excellent
Writing Skills					
Speaking Skills					
Listening Skills					
Interaction w/peers					

**Your OVERALL recommendation for admissions:**

- ☐ ☐ I strongly recommend the applicant for admissions  
☐ ☐ I recommend the applicant for admissions  
☐ ☐ I recommend the applicant for admission with reservation (please explain in the space below)  
☐ ☐ I do not recommend the applicant for admission (please explain in the space below)

Additional comments: \_\_\_\_\_

\_\_\_\_\_

**Recommender's Printed Name** \_\_\_\_\_

**Recommender's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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- ☐ ☐ I recommend the applicant for admission with reservation (please explain in the space below)
- ☐ ☐ I do not recommend the applicant for admission (please explain in the space below)

Additional comments: \_\_\_\_\_

\_\_\_\_\_

**Recommender's Printed Name** \_\_\_\_\_

**Recommender's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_