Newton High School
Agriculture Career Academy Application

Students interested in applying for the ag academy should complete the application and return it to their counselor.

Name ________________________________ Parent/Guardian Name ________________________________
Address ________________________________ City ________________________________
Home Phone ________________________________ Cell Phone ________________________________

Circle your response to the following statements:

1. I believe my grade point average is going to be a 3.0 at the end of the semester. **YES**  **NO**
   If not, please explain why and give a plan on how you will improve your academic standing as you complete your freshman year of high school.

2. I believe my attendance during the first semester of 9th grade has been **EXCELLENT** **GOOD** **NEEDS IMPROVEMENT**
   If your attendance needs improvement, please explain why and give a plan on how you will improve your attendance as you complete your freshman year.

3. I have had discipline problems in the past. **YES** **NO**
   If yes, please explain the problem, what you learned as a result, and how you will make better choices in the future.
4. I understand that as a student in the Agriculture Academy, my individual actions reflect on the entire program, the teachers of the program and any volunteers who volunteer their time. **YES** **NO**

5. I am involved in the following extracurricular activities (band, choir, sports, etc.) **YES** **NO**
   List activities below.

6. Explain why you are interested in enrolling in the Ag Career Academy program. Describe your educational and career plans following high school.

7. Why should you be selected to be a member of the Ag Career Academy program?

8. Attach one letter of recommendation from a teacher or community leader.

__________________________  __________  ______________________  __________
Student Signature          Date                      Parent/Guardian Signature Date
NEWTON HIGH SCHOOL
Ag Career Academy

Reference Form

Name of Student: ______________________________________________________________

Name of Reference: ___________________________________________________________

Relationship to Student: ______________________________________________________

Time period you interacted with the student:

☐ I would recommend this student for the Newton High School Ag Career Academy Program.

☐ I would NOT recommend this student for the Newton High School Ag Career Academy Program.

Reasons why I checked the box above (all comments will be kept confidential).

1. __________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

2. __________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

Please circle the ability level of the following skills about this student, based on your interaction with them in the past (5 = highest, 1 = lowest, or circle “Didn’t Observe” if you did not observe this skill):

Work Ethic: 5 4 3 2 1 Didn’t Observe
Verbal Communication: 5 4 3 2 1 Didn’t Observe
Written Communication: 5 4 3 2 1 Didn’t Observe
Responsibility: 5 4 3 2 1 Didn’t Observe
Teamwork: 5 4 3 2 1 Didn’t Observe
Problem Solving: 5 4 3 2 1 Didn’t Observe

Final Comments: (please continue on back if needed)

Reference Signature: __________________________________________ Date: __________________________

Return to Melinda Rangel, NHS Assistant Principal / CTE Director