

KEYPORT HIGH SCHOOL

351 BROAD STREET
KEYPORT, NJ 07735
(732) 212-6100
www.kpsdschools.org

Mr. Michael Waters
Principal
mwaters@kpsdschools.org

Ms. Jennifer Peirson
Director of School Counseling
jpeirson@kpsdschools.org



Rising Stars Academy



PART I - Student Application

Please print and use black/blue pen to fill out application.

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Parent's Email _____

Parent's Name: _____

Student: Are you committed to this program? YES NO
 Parent: Are you committed to this program? YES NO

Education

Current School: _____ Address: _____

I certify that my answers are true and complete to the best of my knowledge. If this application leads to selection in this program, I understand that grades and conduct as well as any false or misleading information in my application or interview may result in my removal.

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Best Parent Email for Communication: _____

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RELEASE OF RECORDS FORM

To the Parent/Legal Guardian:

Please sign the form below and give it to your child's principal or school counselor.

*This form does not need to be returned with the application. It is for use by the sending school.

To Principal/School Counselor:

I hereby authorize you to send the following records to Keyport High School along with the Rising Stars Application for:

Student's Name: _____.

Requested Records:

- Final 7th Grade Report Card
- MP1 8th Grade Report Card
- 2022 Standardized Testing Scores
- 7th & 8th Grade Attendance Information (if separate from the report card)

Parent Signature: _____ Date: _____

Part III - Parent Questionnaire

1. Why do you feel your child is a good candidate for the Rising Stars Academy?

¿Por qué piensa que su hijo es un buen candidato para Rising Stars?

2. What support will your child need to be successful in the Rising Stars Academy?

¿Qué tipo de apoyo será necesario para que su hijo tenga éxito en Rising Stars?

3. How will you and/or your family work with your child to help him/her to be successful in this Academy?

¿De que maneras contribuirán usted y la familia para que el estudiante tenga éxito en Rising Stars?

4. What do you expect the Rising Stars Academy can do for your child?

¿Cuáles son las expectativas de Rising Stars?

Teacher Recommendation 1

Part IV - Teacher Academic Recommendation

I am applying for admission to the Rising Stars Academy and would like to ask you to fill out this recommendation form that is required of all potential candidates. Rising Stars is a unique opportunity for Keyport and Union Beach students in partnership with Brookdale Community College to engage in rigorous college level work. It will allow me to obtain my Associates Degree in Social Sciences while earning my high school diploma. *Teachers: Please return this completed form in a sealed envelope to the applicant so they can include it in the application packet. Thank you in advance for taking the time to fill out this recommendation.*

Printed Student Name	Student's Signature
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1. How long have you known this student?

2. Please list the course(s) in which you taught this student

3. Please score the following categories on a 1-5 basis, with 5 being the highest

- ___ Student shows a genuine interest in learning.
- ___ Student's attendance in your class.
- ___ Student's study skills are adequate for advanced classes.
- ___ Student demonstrates initiative and intellectual curiosity.
- ___ Student's capacity for independent work.
- ___ Student's ability to handle stress.
- ___ Student's work is of quality nature.
- ___ Student's potential of completing an accelerated program.

4. Do you have any concerns about this student's ability or desire to meet this program's rigorous academic and behavioral expectations?

Teacher's Printed Name	Teacher's Signature	Date
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Teacher Recommendation 2

Part IV - Teacher Academic Recommendation

I am applying for admission to the Rising Stars Academy and would like to ask you to fill out this recommendation form that is required of all potential candidates. Rising Stars is a unique opportunity for Keyport and Union Beach students in partnership with Brookdale Community College to engage in rigorous college level work. It will allow me to obtain my Associates Degree in Social Sciences while earning my high school diploma. *Teachers: Please return this completed form in a sealed envelope to the applicant so they can include it in the application packet. Thank you in advance for taking the time to fill out this recommendation.*

Printed Student Name	Student's Signature
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1. How long have you know this student?

2. Please list the course(s) in which you taught this student

3. Please score the following categories on a 1-5 basis, with 5 being the highest
____ Student shows a genuine interest in learning.
____ Student's attendance in your class.
____ Student's study skills are adequate for advanced classes.
____ Student demonstrates initiative and intellectual curiosity.
____ Student's capacity for independent work.
____ Student's ability to handle stress.
____ Student's work is of quality nature.
____ Student's potential of completing an accelerated program.
4. Do you have any concerns about this student's ability or desire to meet this program's rigorous academic and behavioral expectations?

Teacher's Printed Name	Teacher's Signature	Date
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Teacher Recommendation 3

Part IV - Teacher Academic Recommendation

I am applying for admission to the Rising Stars Academy and would like to ask you to fill out this recommendation form that is required of all potential candidates. Rising Stars is a unique opportunity for Keyport and Union Beach students in partnership with Brookdale Community College to engage in rigorous college level work. It will allow me to obtain my Associates Degree in Social Sciences while earning my high school diploma. *Teachers: Please return this completed form in a sealed envelope to the applicant so they can include it in the application packet. Thank you in advance for taking the time to fill out this recommendation.*

Printed Student Name	Student's Signature
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1. How long have you known this student?

2. Please list the course(s) in which you taught this student

3. Please score the following categories on a 1-5 basis, with 5 being the highest
____ Student shows a genuine interest in learning.
____ Student's attendance in your class.
____ Student's study skills are adequate for advanced classes.
____ Student demonstrates initiative and intellectual curiosity.
____ Student's capacity for independent work.
____ Student's ability to handle stress.
____ Student's work is of quality nature.
____ Student's potential of completing an accelerated program.
4. Do you have any concerns about this student's ability or desire to meet this program's rigorous academic and behavioral expectations?

Teacher's Printed Name	Teacher's Signature	Date
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