

INTERNATIONAL
BACCALAUREATE
PROGRAM



DELAND HIGH SCHOOL

STUDENT
APPLICATION BOOKLET
2012-2013

Instructions for Completing the IB Application DeLand High School

Please carefully read and follow these instructions. We cannot evaluate an incomplete application. Completed applications must reach DeLand High School by 3:00pm on January 20, 2012. Notification of acceptance will be mailed on February 17, 2011.

The completed application must include:

(use this as a checklist and please **ONLY** submit these items)

- _____ 1. Student/Parent Information Sheet – Please make sure that all blanks are completed.
- _____ 2. Copy of the 1st semester report card for grade 8 with 2 complete 9 week grades on it - make sure first and last name are visible (and for Volusia County Public School Students, FCAT scores in the upper right hand corner) If you are new to FL this year please include copy of the most recent standardized test scores from the school you moved from.
- _____ 3. If you are not a Volusia County Student , copy of the most recent standardized test scores
- _____ 4. Admissions and support agreements signed by student and parent/guardian
- _____ 5. Applicants must submit a one-page handwritten essay entitled “Why I Want to be in the IB Program”. Essays should be written in blue or black ink.

Completed Applications are to be submitted to:

Kevin Lowry, IB Coordinator
DeLand High School
800 N. Hill Ave.
DeLand, FL. 32724

In addition to your part of the application, complete the top portion of the recommendation form and give to four of your **academic** teachers, and one **elective** teacher. The teachers are to return the completed recommendation directly to Mr. Lowry. These recommendations are part of your application. Please make sure that you request the recommendation early so that the teachers will have time to complete and submit the form by the January 20th deadline.

Again, your application cannot be evaluated until it is complete. The evaluation of an application that does not meet the submission date deadline will be delayed. We do not want this to happen to you. We will be happy to answer any questions that will facilitate the completion of your application. Please do not hesitate to email Mr. Lowry at kjlowry@volusia.k12.fl.us or call him at 822-6909 ext.23365, or Mrs. Carter at lhcarter@volusia.k12.fl.us or 822-6909 ext. 23697.

Deadline to submit completed applications is January 20, 2011

VOLUSIA COUNTY SCHOOL DISTRICT
DELAND HIGH SCHOOL
INTERNATIONAL BACCALAUREATE APPLICATION

Date: _____

STUDENT INFORMATION

PLEASE PRINT ALL INFORMATION LEGIBLY

FULL NAME _____

NAME THAT YOU PREFER TO BE CALLED _____

ALPHA CODE _____ (Volusia County School Students Only)

DATE OF BIRTH _____ HOME PHONE () _____

MAILING ADDRESS _____

CITY _____ ZIP CODE _____

HOME ADDRESS (if different) _____

EMAIL ADDRESS _____

MIDDLE SCHOOL CURRENTLY ATTENDING _____

WHICH HIGH SCHOOL ARE YOU ZONED TO ATTEND? _____

CURRENT MATHEMATIC CLASS _____

ARE YOU CURRENTLY TAKING SPANISH I? yes _____ no _____

PARENT/GUARDIAN INFORMATION

NAME(S) _____

EMAIL ADDRESS _____

WORK PHONE _____ CELL PHONE _____

OTHER PARENT INFORMATION THAT WOULD BE HELPFUL FOR US TO KNOW

DHS PRE-IB PARENT SUPPORT AGREEMENT

I have read the International Baccalaureate Program literature and understand that my student is applying to a rigorous academic program. I have also read the agreement below and commit my full support to my student's participation in this program.

I will insure that my student has daily study time that is not interrupted and will supervise the use of the study time in the most productive way. I will commit my support to the IB teachers by following their guidance regarding further study in order to assure my child's successful completion of the program. In addition, I realize that certain DHS Pre-IB/IB courses have pre-course assignments and that some courses require me to purchase additional books at my own expense.

Successful completion of the IB program qualifies IB students for high school graduation. I understand that should my student leave the IB program without completing the IB curriculum, he/she must then meet all graduation requirements as specified by Florida Statue and the Volusia County Pupil Progression Plan. In addition, I understand if my student withdraws or is withdrawn from the IB program, and is an out-of-zone student, my student must return to his/her zoned school and cannot be readmitted to the program at a later date.

Parent Signature

Date

STUDENT ADMISSIONS AGREEMENT

I agree to the following terms and conditions for participating in the International Baccalaureate program. I will:

1. follow all rules of DeLand High School.
2. show respect for fellow students, teachers, and administrators at all times.
3. actively participate in class daily by being prepared, listening attentively, posing insightful questions, offering relevant comments, taking notes, etc.
4. submit quality work on time.
5. maintain an overall unweighted GPA of no less than 2.5.
6. make every effort to be in school every day because attendance is vital to my success. I will schedule vacations, other recreational trips during school holidays and do my best to schedule doctors' appointments for early release days or after school. When I am absent I realize that it is my responsibility to get missed assignments on the first day back at school and that I must complete those assignments within the time limits set by the school.
7. maintain the highest degree of academic integrity. (Direct or indirect cheating may be grounds for immediate removal from the program.)
8. make a commitment to complete the IB program.

I understand that if I fail to meet the standards of the IB program, either because of the quality of my work or because of my failure to perform as a serious learner due to missed assignments, excessive absences, or conduct, I will be withdrawn from the IB program and enrolled in another course of study. I understand that if I am attending DeLand High School as an out-of-zone student, I will be required to return to my zoned school.

Student's Name Printed

Date

Student Signature

TEACHER RECOMMENDATION - COMPLETE AND RETURN BY:

(Four Academic Courses, One Elective)

Student Name _____ Teacher _____

School _____ Subject _____

Please use the following rating scale in completing the descriptors for this student. Consider the student with reference to the program and to the full spectrum of students enrolled in Volusia County schools.

- | | |
|--|--------------------------------------|
| 5 = Exhibits this trait to an exceptional degree | 2 = Exhibits this trait occasionally |
| 4 = Exhibits this trait consistently | 1 = Exhibits this trait rarely |
| 3 = Exhibits this trait frequently | 0 = Not observed |

Learns quickly with good retention _____

Demonstrates higher order thinking skills _____

Is a keen and alert observer _____

Quickly recognizes and understands conceptual relationships _____

Applies concepts to new materials _____

Is sensitive to clock and calendar deadlines _____

Works well in group settings _____

Demonstrates ability to concentrate _____

Demonstrates strong skills in: math _____

reading _____

writing _____

problem-solving _____

Demonstrates initiative and intellectual curiosity _____

Is a self starter _____

Works independently _____

Generates a large number of ideas or solutions to problems _____

Is a risk taker _____

Comments: _____

TEACHERS: Mail completed form directly to:

Kevin Lowry
DeLand High School
800 N. Hill Ave.
DeLand, FL 32724

OR

Use County Mail System
(if available)

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