

MAOS STUDENT APPLICATION

MONTEREY ACADEMY
OF OCEANOGRAPHIC SCIENCE
excellence in math and science

MAOS at Monterey High School must receive applications:

No later than **2:00 p.m.** on Thursday, **February 11, 2010**

Monterey High School Main Office
101 Herrmann Drive
Monterey, CA 93940

Attention: MAOS / Therese Mayone

Phone: 831-392-3858
Fax: 831-392-3814
Email: tmayone@mpusd.k12.ca.us

Use this checklist to be sure you have completed the following acceptance criteria:

**It is the responsibility of the applicant to be sure that the recommendations and transcript arrive to MAOS address.*

- ___ **A. Complete Application Form** (Pages 1, 2 and 3)
- ___ **B. Application Essay** (page 4)
- ___ **C. Parental Consent** (page 4)
- ___ **D. Current Teacher Recommendation forms*** (Pages 5 and 6)
 - ___ ~Math
 - ___ ~English
- ___ **E. Transcript Request form*** (page 7)
Please give this form to your school secretary.

Student Information

Student's Personal Information

Last Name: _____ First Name: _____

Middle Name: _____ Students e-mail: _____

Birthdate: Month ___ Day ___ Year _____

Student resides with:

Mother Father Stepmother Stepfather Grandmother Grandfather Guardian

Primary Address

Street: _____

City: _____ State: _____ Zip code: _____

Secondary Address

If the student resides between two homes, please list the second home and indicate with whom he/she resides.

Street: _____

City: _____ State: _____ Zip code: _____

Relationship: _____

Family Information

Parent's Marital Status

Married Divorced Separated Mom Deceased Dad Deceased Single Parent

Mother's or Guardian's Personal Data

Check if Mother's or Guardian's address is the same as the student's home address.

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Occupation: _____

Employer's Name: _____ Address: _____

Father's or Guardian's Personal Data

Check if Father's or Guardian's address the same as the student's home address.

Last Name: _____ First Name: _____ Relationship: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____ Occupation: _____

Employer's Name: _____ Address: _____

Sibling Information

Last Name: _____ First Name: _____

Age: _____ Relationship: _____

Check if this sibling has attended MAOS.

Last Name: _____ First Name: _____

Age: _____ Relationship: _____

Check if this sibling has attended MAOS.

Last Name: _____ First Name: _____

Age: _____ Relationship: _____

Check if this sibling has attended MAOS.

Last Name: _____ First Name: _____

Age: _____ Relationship: _____

Check if this sibling has attended MAOS.

Last Name: _____ First Name: _____

Age: _____ Relationship: _____

Check if this sibling has attended MAOS.

Student Academic Information

Current School

Current School: _____

Current Grade: _____ Counselor: _____

Period	Class	Teacher
1st		
2nd		
3rd		
4th		
5th		
6th		
7th		

Extracurricular Activities

Admission to the Monterey Academy of Oceanographic Science is determined by the Admissions Committee's evaluation of the acceptance criteria. If there are more qualified applicants than spaces, a priority system will be established. We welcome those who are academically qualified, without regard to gender, race, creed, and national or ethnic origin. Please list anything else we should know about you (e.g. personal circumstances, unusual accomplishments).

How did you hear about MAOS?

Middle School Recruitment Word of mouth Counselor Other: _____

MAOS Application Essay:

Please attach your essay to this application form. In a page or two describe why you would like to be in the MAOS program. You may also choose to write about a personal experience that increased your curiosity about oceanography or other science. If you wish, you may include drawings, photos, or diagrams.

Optional Information

This information is used for grant purposes only

Ethnicity (optional):

- Asian/Pacific Islander
- African American
- Caucasian
- Hispanic/Latino
- Native American/Alaskan Native

Gender (optional):

- Female
- Male

Consent

Parent or Legal Guardian Consent

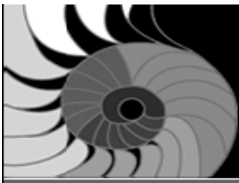
I hereby give my permission for my son/daughter to attend the Monterey Academy of Oceanographic Science (MAOS) program offered by the Monterey Peninsula Unified School District.

I understand that MAOS is a non-profit academy, and as such, requests a donation of \$650/student/year to help fully fund our programs.

I understand that, should my son/daughter discontinue this program, he/she will no longer be guaranteed admission to Monterey High School if he/she lives outside the geographical attendance area for Monterey High School.

Parent/Legal Guardian Signature _____ **Date** _____

Student Signature _____ **Date** _____



Teacher Recommendation Form

Student: Give this to your current **MATH** teacher

Student Name: _____ School: _____

Current Math Class: _____ Teacher: _____

Phone: _____

Teacher: Please complete and return to MAOS

by February 11, 2010

Please evaluate this applicant in comparison to other students you have taught.

	No Basis for Judgment	Below Average	Average	Above Average	Excellent	One of few encountered in my career
Academic Achievement						
Intellectual Ability						
Creative, Original Thought						
Independent, Initiative, Motivation						
Written Expression of Ideas						
Effective Class Discussions						
Disciplined Work Habits						
Potential for Growth						
Leadership						
Sense of Responsibility						
Respected by Peers						
Respected by Teachers						

What math class would you recommend for this student (Algebra I or Geometry)?

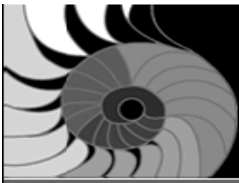
(Used for placement only. Will not affect student's acceptance.): _____

Is there anything else we should know about this student (e.g. personal circumstances, unusual accomplishments)?

Teacher's Signature: _____ Date: _____

Mail to: **Therese Mayone, MAOS at Monterey High School** Or Fax: **831-392-3814**
101 Herrmann Drive, Monterey, CA 93940

If you have a comment or concern, please call us at 831-392-3858.



Teacher Recommendation Form

Student: Give this to your current **ENGLISH** teacher

Student Name: _____ School: _____

Current English Class: _____ Teacher: _____

Phone: _____

Teacher: Please complete and return to MAOS by February 11, 2010

Please evaluate this applicant in comparison to other students you have taught.

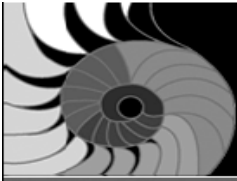
	No Basis for Judgment	Below Average	Average	Above Average	Excellent	One of few encountered in my career
Academic Achievement						
Intellectual Ability						
Creative, Original Thought						
Independent, Initiative, Motivation						
Written Expression of Ideas						
Effective Class Discussions						
Disciplined Work Habits						
Potential for Growth						
Leadership						
Sense of Responsibility						
Respected by Peers						
Respected by Teachers						

Is there anything else we should know about this student (e.g. personal circumstances, unusual accomplishments)?

Teacher's Signature: _____ Date: _____

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Transcript Request Form

Student: Give this to your School Secretary.

Please provide the following information for the student listed below by no later than Thursday, **February 11, 2010.**

Student Information

Last Name: _____ First Name: _____

School Name: _____ Grade: _____

Transcript

Please provide transcripts for the student's two most recently completed semesters.

**For incoming Freshmen: student's last semester of 7th grade, and first semester of 8th grade.*

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