Career Academy Application

Indicate and rank your first THREE choices for program of study. You may choose from more than one Academy. If you are interested in more than one Academy, rank the Academies first, then the programs of study for each Academy.

<table>
<thead>
<tr>
<th>Academy</th>
<th>Program of Study</th>
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<tbody>
<tr>
<td>Global Studies</td>
<td>International Business and Finance</td>
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<tr>
<td></td>
<td>International Relations</td>
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<tr>
<td>Law, Education, and Public Service</td>
<td>Child Growth and Development</td>
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<td>Forensics</td>
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<td>Pre-Law and Social Justice</td>
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<td>Teacher Academy</td>
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Future Academy Tentative Opening for Incoming 9th Graders

- Aviation and Transportation SY 14-15
- Information Technology SY 15-16

For additional information, visit our website at: [http://www1.pgcps.org/collegecareer](http://www1.pgcps.org/collegecareer) or contact the Academy Coordinator at Laurel High School for more specific information.

Coordinator – Carrie Curry – Carrie.Curry@pgcps.org

Return this completed form, with parent signature, to your professional school counselor.

Academy Benefits:

- Rigorous academic and technical program of study
- Real-world experiential learning – business partner mentorships, job shadowing opportunities, internships
- Gain college and career ready skills – problem solving, critical thinking, effective communication and presentation
- Industry certification exams
- Opportunity to earn college credits
- A learning environment promoting supportive relationships between school staff and students and student peer groups

Student Fees:
Students in the International Relations program of study are responsible for the costs of their Study Abroad experience.
To be completed by the student -

Why do you want to join your first choice Academy? What do you hope to learn as a result of being in this Academy?

__________________________________________________________________________

__________________________________________________________________________

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__________________________________________________________________________

Have you completed your career interest inventory? ______ If yes, what were the top two areas indicated on your inventory? ____________

Student Declaration:

Upon enrolling in a Career Academy, I agree to the following conditions:

- I must pass all requirements listed for my selected Academy;
- I understand that if a Career Academy is my graduation pathway, it will lead to the successful completion of all credits required to earn a Maryland diploma;
- I understand that placement in an internship, if a part of the Academy, will require that I meet the standards of the assigned work site, and I must provide my own transportation;
- I understand nominal fees for student clubs, field trips, and/or activities may occur;
- I understand I must have a full-time schedule for the four years I am in the Academy;
- I will abide by all the rules and standards of conduct as determined by Prince George's County Public School System policies. I may be withdrawn from the Career Academy by administrative decision if I do not abide by the rules and standards.

I verify that all information in this application is correct and accurate. I will comply with the high standards of excellence in both academics and conduct.

Student Signature ________________________________ Date __________

To be completed by the parent(s)/guardian(s) –

Parental Information and Consent:

Why do you want your child enrolled in their selected Academy? ________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Do you agree to encourage your child to follow a four-year curriculum, which may include specialized courses, field trips, special programs, and activities? (Please circle your answer.)  YES  NO

I verify that all information in this application is accurate and true. I give my child full consent and support to enroll in the indicated Academy. I understand that my child must be a full-time student for the four years he/she is in the selected Academy.

Parent(s)/Guardian(s) Signature ________________________________ Date __________