

FORM

1

**APPS PROGRAM**  
**Advanced Placement Power Scholars**  
Clarksburg High School

Please fill out and submit Form 1 online at  
<https://goo.gl/forms/HnngnJWXnKgftiC73>  
**AND ALSO** submit this print copy with your application.

**FORM 1: Student Information and Permission**

(Please print or type)

Name: \_\_\_\_\_ MCPS ID# \_\_\_\_\_

Current Grade: \_\_\_\_\_ Gender: \_\_\_\_\_ Current Math: \_\_\_\_\_  
*for future scheduling purposes only*

Race:  White  Asian  Hispanic  Black  Multi racial

Home Address:  
(Street) \_\_\_\_\_

(City, State, Zip) \_\_\_\_\_

Parent Contact Phone #: \_\_\_\_\_

Parent Email: \_\_\_\_\_

Student Email: \_\_\_\_\_

*Students: Please be sure this is an email you would check often and use for school.*

Current School: \_\_\_\_\_

**PARENT PERMISSION STATEMENT**

I hereby submit this application for my child to be considered for the APPS Program at Clarksburg High School. I understand that this application will be held in confidence by all members of the APPS committee and that teacher evaluation scores will not be shared, and that the application will not be returned to students or parents.

The APPS program is designed for students **residing within the Clarksburg High School Cluster**. Students should not apply from outside the school's cluster without the intent of moving within the Clarksburg boundaries or are already in a transfer placement school.

Parent /Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_