

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: _____