

## Telecommunications Partnership Academy Application

Date Received:	By:
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SIGN & RETURN TO COUNSELOR OR MRS. MCFADDEN IN D-11

## PARTNERSHIP ACADEMY

FAX NO. (530) 477-9317

VOICE MAIL: (530) 273-4431 ext. 2054

E-MAIL: nupartnership@njuhsd.com

Nevada Union High School 11761 Ridge Road Grass Valley, CA. 95945

NAME	I.D.#	HOME PHONE	
ADDRESS		COUNSELOR	
CITY ZII			
Parents' Names		Email	
Currently Attending	explain why you wan		

2. Check all areas in which you are interested:

Computers	Other	
Storyboarding		
Broadcast Writing		
Video Production		
Video Editing		
The science of the industry		
Computer Applications (Word, Excel, PowerPoint)		

<sup>\*\*\*</sup> Students in the Partnership program <u>must</u> choose an elective from the classes listed on the Academy Course Selection Sheet.

3.	Do you feel satisfied with what you are getting out of school?VERYUSUALLYSELDOMNEVER				
4.	Would you prefer taking two to four classes with the same students, as opposed to having classes with different kids each period?YESNO				
5.	. How many days of school did you miss this year? (For any reason)				
	0-55-1010-15over 15				
6.	What is your Grade point average?				
	1.0-2.02.1-2.52.6-3.03.1-4.0				
7.	What math will you be taking if you attend Nevada Union High School next fall?				
	Pre-AlgebraAlgebraGeometryAlgebra-2				
8.	3. The following question is <b>optional</b> . The answer to this question is for the purpose of identifying students who can benefit from the Partnership grant and other available support resources.				
	Do you live in a:				
	Two Parent Family One Parent Family Guardianship Foster Care				
	9. Are you interested in school?YesNoSometimes				
	xx				
	Parent Signature Student Signature Date				

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