

Wait List Procedure:

- All seats for the Bio-Med Science Academy Class of 201J were assigned during the initial application period. Students interested in attending who did not take part in the initial application period may apply to be wait listed.
- Submitting a wait list application does not guarantee acceptance to Bio-Med Science Academy.
- Students' placement, or rank order, on the wait list will be solely based on the order in which wait list applications are received and approved as complete.
- Should a currently accepted student choose not to attend, the Board of the Academy may, at their discretion, choose to admit a student from the wait list, in the order noted above, into the Bio-Med Science Academy Class of 201J.

Student Requirements for Wait List Acceptance:

- Student must be an Ohio resident at time of application.
- At the end of the 2011 -2011 academic year, student must be recommended for advancement to the ninth grade by their present school.

Student Application Guidelines:

- Applications MUST be completed in their entirety to be considered.
- Aside from the requirements listed above, an accurate and fully completed application is the only criteria for acceptance to the wait list. The information gathered by the application will not be used to determine wait list acceptance or rank, rather it is used to process necessary enrollment paperwork and to learn about the applicant prior to the start of the academic year.
- Incomplete applications may not be considered. An email will be sent upon receipt of the application. This notification will indicate if the application was complete.
- The completeness of an application will be determined on a case-by-case basis and is determined at the sole discretion of the Director of the Academy.

Wait list applications will be accepted until October 3rd, 2011 and can be submitted one of two ways:

- Preferred Method – email completed PDF file to info@biomedscienceacademy.org, or
- Mail completed form to:

Bio-Med Science Academy
Attn: Cortney Porter
42FF St. Rt. 44
PO Box 95
Rootstown, Ohio 44272

– Mailed applications must be received by the wait list close date and time, regardless of postmark date. It is recommended that mailed applications be sent via Certified Mail to provide proof of delivery.

Questions:

- Email info@biomedscienceacademy.org
- Call **330.325.6186**

Student Information

FIRST NAME _____ MIDDLE INITIAL _____ LAST NAME _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CURRENT SCHOOL ENVIRONMENT: Public Private Home School Charter

HOME DISTRICT NAME _____

CURRENT SCHOOL BUILDING NAME YOU ARE ATTENDING _____

PLEASE LIST ALL OF THE COURSES YOU ARE CURRENTLY ENROLLED IN:

 TYPICAL GRADES (*check your average*) A's B's C's D's F's

HOW DID YOU LEARN ABOUT BIO-MED SCIENCE ACADEMY?

 Mailer Newspaper Radio Friend Poster Website School Visit Other

WHAT FORM OF INTERNET CONNECTION DO YOU HAVE AT YOUR HOME?

 Phone Line DSL High Speed Cable None

DOES YOUR CHILD HAVE AN IDENTIFIED DISABILITY THAT QUALIFIES THEM FOR SUPPORT SERVICES? Yes No

IF YES, CURRENT ACADEMIC SERVICES (check all that apply) I.E.P. 504 Plan Gifted

DOES YOUR CHILD CURRENTLY HAVE A SIBLING ATTENDING BIO-MED? Yes No

IF YES, SIBLING NAME: _____

Extracurricular Activities

PLEASE CHECK ANY ACTIVITY YOU WOULD BE INTERESTED PARTICIPATING IN IF IT WERE OFFERED:

- Robotics Club Science Olympiad Team Movie Club Student Government Minecraft Club
 History Club Yearbook Club Diversity Club Chess Club Gaming Club Art Club Engineering Club
 Health Professions Math Comp. Other: _____

Contact Information

STUDENT'S HOME PHONE # _____ STUDENT'S CELL PHONE # _____

STUDENT'S EMAIL _____

Demographics

DATE OF BIRTH _____ CITY /STATE OF BIRTH _____ GENDER Female Male

 ETHNICITY (*optional*) White – non-Hispanic American Indian/Alaska Native Black – non-Hispanic
 Asian/Pacific Islander Hispanic Multi-Racial

Parent/Legal Guardian Information

Parent/Legal Guardian Primary Contact

NAME _____

RELATIONSHIP TO STUDENT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

OCCUPATION _____

WORK HOURS _____

HOME TELEPHONE NUMBER _____

CELL TELEPHONE NUMBER _____

EMAIL _____

HIGHEST DEGREE EARNED ~~AAA~~

H.S. Diploma

Associates Degree

Bachelor's Degree

Master's Degree or Higher

Parent/Legal Guardian Secondary Contact

NAME _____

RELATIONSHIP TO STUDENT _____

STREET ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

OCCUPATION _____

WORK HOURS _____

HOME TELEPHONE NUMBER _____

CELL TELEPHONE NUMBER _____

EMAIL _____

HIGHEST DEGREE EARNED

H.S. Diploma

Associates Degree

Bachelor's Degree

Master's Degree or Higher

Student's Questionnaire

Students, please respond to each statement using (150-200 words per response).

1. If you could only invent one thing in your lifetime, which has never been invented, what would it be and why?

2. Describe how you think Science, Math, Language Arts, Social Studies, Technology and Medicine are connected.

Student's Questionnaire

Students, please respond to each statement using 150-200 words per response.

3. Explain why you want to attend Bio-Med Science Academy.

4. Describe the greatest challenge you will face as a student at Bio-Med Science Academy and how you will overcome it.

Student's Questionnaire

Students, please respond to each statement using 150-200 words per response.

5. In school, what is your most challenging course and why?

6. Describe your education and career goals and how you are planning on achieving them.

Student's Questionnaire

Students, please respond to each statement using 150-200 words per response.

7. Excluding your parents/guardians, describe your role model and what you admire most about him/her.

Parent Questionnaire

Parents, please respond each statement using no more than 250 words per response.

1. Describe your role in your child's education, how that influences your day-to-day activities, and how both will be affected if your child attends Bio-Med Science Academy?

2. Explain how your child's strengths and weaknesses suit the characteristics of Bio-Med Science Academy.

Parent Questionnaire

Parents, please respond each statement using no more than 250 words per response.

3. Describe the educational expectations and career goals you hold for your child and how you feel they are going to be able to achieve them.

4. Based on your response to question #3, how do you feel Bio-Med Science Academy will help your student achieve these expectations.

Parent Questionnaire

Parents, please respond each statement using no more than 250 words per response.

5. Describe the hurdles/challenges that you face as a parent of a Bio-Med Science Academy student.

By checking the box and dating below, I certify that the statements above are truthful and presented to the best of my knowledge. I further certify that all student responses were completed by the student and all parent/guardian responses were completed by the parent/guardian.

STUDENT NAME _____ DATE _____

PARENT/GUARDIAN #1 NAME _____ DATE _____

PARENT/GUARDIAN #2 NAME _____ DATE _____

Signatures (provided in person, at a later date, after the application is approved)

STUDENT _____ DATE _____

PARENT/GUARDIAN #1 _____ DATE _____

PARENT/GUARDIAN #2 _____ DATE _____
