

INTERNATIONAL BACCALAUREATE PROGRAM

St. Lucie Pubic Schools

Lincoln Park Academy – Port St. Lucie High School

Application Information

Important! Complete ***ALL*** required information below. Please print legibly or type.

Student’s Legal Name: Last _____ First _____ Middle _____

Birthdate _____ Race (Optional) _____ Gender (Optional) _____

Student # (on report card) _____ ****Social Security # _____

(***Student social security numbers are collected in order to identify students within the District’s computer system and will be used only for that purpose.)

Student’s Residence/Street Address _____

City _____ State _____ Zip Code _____

Mailing Address (if different) _____

Birthplace: City _____ State _____ Country _____

Parent/Guardian _____ Home Phone _____ Work/Cell _____

Parent/Guardian _____ Home Phone _____ Work/Cell _____

Parent/Guardian E-mail _____

Student’s Statement of Understanding and Intent

I understand that the International Baccalaureate Program includes composition and literature, mathematics, science, social studies, and foreign language taken in the ninth and tenth grades. I also understand that the state requirements in life management skills, performing arts, and practical arts must be completed, and that admission to the International Baccalaureate Program for a diploma depends upon successful completion of the preliminary course sequence.

I understand that the full four-year program requires 4 years of English, 4 years of the same world language, 4 years of science, 4 years of math, 4 years of history, an extended essay as well as a course entitled “The Theory of Knowledge,” and that I must be involved in service, cultural, and physical activities.

Please consider my application for the Preliminary International Baccalaureate Program.

I also understand that completion of the personal project is a mandatory requirement to allow entrance to the diploma program.

Signature of Student: _____

Date: _____

Parent Commitment Statement

I am aware of the International Baccalaureate Program requirements and commit my full support to my daughter’s or son’s participation.

Please consider this application to the MYP/Diploma. I understand that meeting the eligibility requirements do not ensure admission to the program and that the decision of the selection committee will be final. If my son/daughter is accepted into the program, I agree to support his/her participation.

I will ensure that my son/daughter has enough uninterrupted study hours daily and will supervise the use of the study time if necessary.

I will also commit my support to the teachers and work with them to help ensure my son/daughter’s successful completion of the program he/she has chosen.

I also understand completion of the personal project is a mandatory requirement to allow entrance to the diploma program.

Signature of Parent(s) / Guardian(s): _____

Date: _____

TEACHER RECOMMENDATION FORM

Dear Teacher:

The student listed below is applying for admission to the International Baccalaureate Program. This is a rigorous pre-university course of study leading to examinations which meet the needs of highly motivated and academically-inclined secondary school students. Please complete the information requested below and return to the student. Students will attach it to their application and return to the student assignment office located at 9461 Brandywine Lane, Port St. Lucie, FL 34986.

This form is not confidential and may be viewed by parents, students, and school personnel. Thank you for your help in this application process.

STUDENT'S NAME _____

TEACHER'S NAME _____

SCHOOL _____ SUBJECT AREA _____

GRADE _____

Please circle the choice you feel best describes this student.

1=poor
2=fair
3=average

4=good
5=excellent

ACADEMIC ABILITY 1 2 3 4 5

MOTIVATION 1 2 3 4 5

COOPERATION 1 2 3 4 5

ATTENDANCE 1 2 3 4 5

COMMUNICATION SKILLS 1 2 3 4 5

COMMENTS:
