



ACADEMIES OF BIG SKY STUDENT APPLICATION

STUDENT NAME	PARENT/GUARDIAN NAME
HOME ADDRESS	CITY, STATE, ZIP
STUDENT EMAIL	PARENT/GUARDIAN EMAIL
CURRENT SCHOOL	ACADEMY OF CHOICE (Number 1-4 your academy of choice, 1 being your first choice) _____ MBA: Media, Marketing & Business Academy _____ HSA: Health Science Academy _____ ACME: Architecture, Construction, Manufacturing & Engineering
REASON FOR CHOICE	

Student
Initials

Parent/
Guardian
Initials

ACADEMY COMMITMENTS:

<input type="checkbox"/>	<input type="checkbox"/>	I UNDERSTAND I AM COMMITTING TO AN ACADEMY AT BIG SKY FOR 1 FULL YEAR.
<input type="checkbox"/>	<input type="checkbox"/>	I UNDERSTAND ALL ACADEMIES WILL USE STANDARDS BASED INSTRUCTION.
<input type="checkbox"/>	<input type="checkbox"/>	I UNDERSTAND I WILL RECEIVE AN ACADEMY SHIRT THAT MUST BE WORN AS REQUIRED.
<input type="checkbox"/>	<input type="checkbox"/>	I UNDERSTAND I WILL HAVE TO PAY \$30 TO REPLACE MY SHIRT IF LOST OR UNWEARABLE.
<input type="checkbox"/>	<input type="checkbox"/>	I UNDERSTAND THERE IS A PROCESS TO SWITCH ACADEMIES AT THE END OF YEAR 1 ONLY.
<input type="checkbox"/>	<input type="checkbox"/>	I UNDERSTAND EACH ACADEMY IS A SMALLER LEARNING COMMUNITY CENTERED ON A COLLEGE AND CAREER THEME.
<input type="checkbox"/>	<input type="checkbox"/>	

TELL US WHAT YOU WOULD LIKE TO DO AFTER HIGH SCHOOL? WHAT CAREER OR EDUCATIONAL PATH WOULD YOU LIKE TO PURSUE? WHY?

WHAT YOU ARE MOST EXCITED ABOUT FOR HIGH SCHOOL?

If you have any questions, please contact Jennifer Courtney, Principal, @ (406) 728-2400 x8026, jccourtney@mcpsmt.org

Parent/Guardian Name _____ Parent/Guardian Signature _____

Student Name _____ Student Signature _____

Please return this form to your school counselor or Jennifer Courtney at Big Sky High School, 3100 South Avenue West, Missoula, MT