



The Orange Public Schools
STEM Innovation Academy of the Oranges

The Intersection of Technology, Design, and Innovation

445 Scotland Road, South Orange, NJ 07079

973-677-4000 x 6089

Part 1: Online Application located at <https://forms.gle/gzZ6ZeMdt6nFLYyn6>

Part 2: Supplemental Application (below)

Note: The requested information is collected to learn more about the applicant pool and to have on file, should you be accepted. Some of the requested information will not be used to determine acceptance to the STEM Innovation Academy of Orange. Complete applications (Parts I & II) are due no later than **Friday, March 20th, 2020** to the Orange Board of Education *Office of Mathematics and Science* located at 451 Lincoln Avenue, Orange, NJ 07050. No applications will be considered after the due date for the 2020-2021 school year.

APPLICANT NAME: _____ **GRADE ENTERING:** _____

PARENT NAME: _____ **PREFERRED TELEPHONE:** _____

PARENT EMAIL: _____

Thank you for completing the on-line portion of the Application for Admission to the STEM Innovation Academy of Orange. This Supplemental Application must be completed and submitted to the Orange Board of Education along with all supporting documents listed below. The applicant application will not be considered for acceptance until all documents are submitted to the school and a personal interview has been completed. Documents can be submitted by mailing or delivering the application to: Orange Board of Education, c/o Dr. Tina Powell, 451 Lincoln Avenue, Orange, NJ 07050. All documentation required for registration must be current for consideration.

If you have any questions concerning the application process, please contact the Math & Science Department at the Orange Board of Education at 973-677-4000 x6089 or email Dr. Tina Powell, powellti@orange.k12.nj.us.

General Self-Assessment

Rate yourself using a check mark in the following areas and add comments that may explain your rating:

Comments are mandatory.

	Excellent	Above Average	Average	Below Average
Persistence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			
Inquiry/Curiosity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			
Motivation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			
Academic Achievement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			
Leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			
Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			
Attendance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			
Independent Thinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			
Honesty/Trustworthiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			
Self-Discipline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			
Ability to collaborate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			
Ability to cooperate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Comments:	_____			
Creativity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: _____

Essay Question 1

In your own words, tell us why you would like to attend the STEM Innovation Academy of Orange. What is exciting and appealing to you about the STEM Innovation Academy of Orange? Please speak specifically about your hopes and dreams for a future and how attending the STEM Innovation Academy of Orange will help you get there and be sure to highlight any STEM related experiences you have had. Type and attach your final essay to the application (minimum 300 words).

Applicant Agreement

If I am accepted as a STEM Innovation Academy of Orange Applicant, I am committed to:

- Being part of a learning community with rigorous academic standards and, if necessary, seeking extra tutoring to ensure that I am in solid academic standing
- Working with business and industry partners and mentors
- Proudly welcoming my family to volunteer and participate in STEM Innovation Academy of Orange classroom and extra-curricular activities
- Attending school regularly, on time, ready to learn and with assignments completed
- Respecting the request and directions given by adults at the STEM Innovation Academy of Orange
- Respecting others, regardless of class, disabilities, gender, race, religion, sexual orientation, and any other differences that may exist
- Sharing my enthusiasm and success for my accomplishments at the STEM Innovation Academy of Orange

In the space below, list three things that you will do at The STEM Innovation Academy of Orange to positively contribute to the learning environment.

1. _____

2. _____

3. _____

I understand that if I do not live up to these commitments or if I have not been truthful on this application, I may be asked to leave the STEM Innovation Academy of Orange.

Applicant Signature: _____ **Date:** _____

Parent Permission and Commitment

To be completed by a parent

Volunteer Opportunities

In addition to attendance at parent conferences and curriculum-related school events, each parent of an Applicant at the STEM Innovation Academy of Orange is asked to participate in a meaningful way. Please check the volunteer opportunities below in which you are willing to participate.

- | | | |
|--|--|---|
| <input type="checkbox"/> Tutor | <input type="checkbox"/> Assist in the Classroom | <input type="checkbox"/> Help evaluate Applicant projects |
| <input type="checkbox"/> Chaperone field trips | <input type="checkbox"/> Chaperone school activities | <input type="checkbox"/> Office volunteer |
| <input type="checkbox"/> Serve on a parent group | <input type="checkbox"/> Host Applicants for job shadowing at your workplace | |
| <input type="checkbox"/> Guest Speaker: [Topic: _____] | <input type="checkbox"/> Other: _____ | |

If my child is accepted to the STEM Innovation Academy of Orange, I am committed to (please initial each):

- _____ Helping with development of and participation in the educational program throughout my child's time at The STEM Innovation Academy of Orange;
- _____ Working with school personnel and my child to plan a rigorous academic program;
- _____ Discussing with my son/daughter the importance of working hard to get the most out of school;
- _____ Monitoring my child's progress and supervising completion of homework and other assignments;
- _____ Providing opportunities for internet access and other technical capabilities while outside of school;
- _____ Providing the necessary support (transportation, emotional, etc.) for my child to attend The STEM Innovation Academy of Orange realizing that he/she is taking a seat that could have been offered to another Applicant and furthermore; realizing that The STEM Innovation Academy of Orange's instructional program is one that requires a commitment to achieve

If my child is accepted into the STEM Innovation Academy of Orange, I am committed to their attendance in the mandatory summer 2020 experiences (please initial each):

- _____ **Summer Gateway Camp (Dates are tentative.)**
July 1st – July 14th; 8:30 am – 12:00 pm
- _____ **Summer Meet & Retreat August 19th & 20th; 8:30 am – 4:00 pm**

By signing, I attest that the information contained in this application and related attachments are true and accurate. I understand that submission of false or misleading information regarding my son or daughter will be cause for the immediate revocation of acceptance and the withdrawal of my Applicants from the STEM Innovation Academy of Orange.

Parent Signature: _____ Date: _____

Mail and/or return completed application and supporting documents to the address on Page 1 of this document.

Recommendation 1



The Orange Public Schools
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Recommendation Form

To the Applicant: Complete this section of the form and give to the person writing the recommendation. The STEM Innovation Academy of Orange requires 2 recommendations (1) from **current mathematics teacher** and (1) from current science/STEM teacher.

Applicant Last Name	First Name	Middle Initial
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Street Address	Apt. No.	City	State	Zip
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Telephone Number

Signature of Applicant	Date
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Familiarity with the applicant:

1. What is your relationship to the applicant?

2. How long have you known the applicant?

3. What was the nature of your interactions with the applicant?

Please rate the applicant in comparison to his or her peers.

Qualities	Superior	Excellent	Above Average	Average	Below Average	Not Applicable
Ability to Solve Complex Problems						
Ability to Work Productively in Teams						
Oral Communication Skills						
Planning /Time Management Skills						
Written Communication Skills						
Character and Integrity						
Interpersonal Skills						
Leadership Potential						
Potential for Growth						
Self-Motivation						

Which qualities above best describe this applicant?

Overall recommendation for admission

___ Strongly Recommend ___ Recommend ___ Recommend with Reservation ___ Do not Recommend

Teacher Name (Print): _____ **Signature:** _____

Return the Completed Recommendation Form to:
Office of Mathematics and Science
451 Lincoln Avenue, Orange, NJ 07050
Email: powellti@orange.k12.nj.us / Fax: 973-677-0486

Recommendation 2



The Orange Public Schools
STEM Innovation Academy of the Oranges
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Recommendation Form

To the Applicant: Complete this section of the form and give to the person writing the recommendation. The STEM Innovation Academy of Orange requires 2 recommendations (1) from current mathematics teacher and (1) from **current science/STEM teacher**.

Applicant Last Name

First Name

Middle Initial

Street Address

Apt. No.

City

State

Zip

Telephone Number

Signature of Applicant

Date

Familiarity with the applicant:

1. What is your relationship to the applicant?

2. How long have you known the applicant?

3. What was the nature of your interactions with the applicant?

Please rate the applicant in comparison to his or her peers.

Qualities	Superior	Excellent	Above Average	Average	Below Average	Not Applicable
Ability to Solve Complex Problems						
Ability to Work Productively in Teams						
Oral Communication Skills						
Planning /Time Management Skills						
Written Communication Skills						
Character and Integrity						
Interpersonal Skills						
Leadership Potential						
Potential for Growth						
Self-Motivation						

Which qualities above best describe this applicant?

Overall recommendation for admission

___ Strongly Recommend ___ Recommend ___ Recommend with Reservation ___ Do not Recommend

Teacher Name (Print): _____ **Signature:** _____

Return the Completed Recommendation Form to:
Office of Mathematics and Science
451 Lincoln Avenue, Orange, NJ 07050
Email: powellti@orange.k12.nj.us / Fax: 973-677-0486

RECORDS RELEASE

This release is ONLY used after acceptance to The STEM Innovation Academy of Orange and to notify the current school of this admission.

Although it must be filled out, this is not used to gather required documents for admission purposes.

TO: _____
SCHOOL WHERE APPLICANT ATTENDED 2017-2018

RE: _____
(APPLICANT NAME)

SCHOOL ADDRESS

AGE: _____ DOB: _____

City, State, Zip Code

Previous Schools Phone#: _____

Previous Schools Fax # _____

For office use only

- All records that personally identify each Applicant
- Transcripts
- SSID Number
- Gifted Identification
- Test Scores
- Current Individual Education Plan (IEP)

Reason for request:

Applicant has been accepted and WILL attend The STEM Innovation Academy of Orange for the _____ school year.

Other: _____