



Sir John Thompson Junior High School

Student Statement & Parent Permission Form

Grade 8 & 9

Student Name: _____

Current Grade: _____

For what program(s) do you wish to apply: Language Arts Mathematics Social Science

1. Why do you want to be in the EAP Program?

2. What do you think makes you a great candidate for the EAP Program?

3. What is one long term goal that you have?

4. What are three strengths that will help you to succeed in the program?

5. What are three areas in which you hope to grow by being a part of this program?

The signatures indicate that both the parent(s) and child have discussed the entrance criteria, general expectations and verify that you are familiar with and agree to follow the standards and expectations for the Enhanced Academic Program. It is also understood that acceptance in to the Enhanced Academic Program is at the school's discretion. After reviewing all of the established criteria, the school may or may not accept your child for the Enhanced Academic Program.

STUDENT SIGNATURE

PARENT SIGNATURE

Please ensure the below parent information is filled in completely.

Parent Contact Name: _____ Parent Daytime Phone Number: _____

Parent email address: _____

Office Use Only

Date of Submission: _____