



# EL Rancho High School PLTW BIOMEDICAL Application



**DUE AT ERHS BY DECEMBER 16<sup>th</sup>, 2016**

- ✓ **Must** attach a copy of transcript to the application.
- ✓ **Must** have no attendance issues.
- ✓ **Must** agree to tutoring/support outside of class time if grade falls below a C.

**Student Information:**

**Student Name:**

\_\_\_\_\_ (Last) (First) (Middle)

**Address:**

\_\_\_\_\_ (Street) (City) (State) (Zip)

**Phone Number:**

**Date of Birth:**

\_\_\_\_\_ (Month) (Day) (Year)

**Middle School:**

**Student ID#**

**Gender:**

Male

Female

**Parent/Guardian Information:**

**Name:**

**Contact Number:**

\_\_\_\_\_ (Last) (First) (Daytime Number)

**Email Address:**

\_\_\_\_\_ (Please Print)

**Name:**

**Contact Number:**

\_\_\_\_\_ (Last) (First) (Daytime Number)

**Email Address:**

\_\_\_\_\_ (Please Print)

**Parent/Guardian Consent: (Please check all that apply)**

- I verify that the information provided on this application is accurate to the best of my knowledge.
- I consent to have my child considered for placement in the 2017-18 PLTW Program.
- I understand that if my child does not adhere to the policies listed at the top of the page, he/she may be removed from the pathway.

**Parent/Guardian Signature:**

**Date:**

**Notice to Applicant:**

Copy of Transcripts for 7<sup>th</sup> & 8<sup>th</sup> grade must be attached to this application.  
Request this information from your school office.  
All information on the application form is considered confidential.

For additional information refer to [www.pltw.org](http://www.pltw.org)  
or contact the Assistant Principal of Curriculum,  
Jazmin Chavez-Diaz [jchavez@erusd.org](mailto:jchavez@erusd.org)

All materials must be mailed or delivered to:

El Rancho High School  
6501 S. Passons Blvd.  
Pico Rivera, CA 90660

**Attn: Jazmin Chavez-Diaz**

**Due: December 16<sup>th</sup>, 2016**

***Please note: Communication will be via email. Please make sure your email is legible. Thank You!***  
**MORE QUESTIONS ON THE BACK**

**Please print or type out your responses to the questions below.**

1. *Have you take a PLTW class before?*     Yes     No

*If yes, list Grade and Class taken:*

Grade: \_\_\_\_\_ Class: \_\_\_\_\_

Grade: \_\_\_\_\_ Class: \_\_\_\_\_

2. *Why are you applying to the Biomedical Pathway?*

3. *How do you make sure you use your time productively in class and at home?*

4. *What are your career and/or educational goals for the future?*

5. *When confronted with a challenging task, how do you feel?*

6. *What do you do if you don't get something right the first time?*



# EL Rancho High School Project Lead the Way Application



## Teacher Recommendation Form

Student's Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Subject: \_\_\_\_\_

### *Please complete the following:*

Check off how you rate the student's academic skills/characteristics.

	Outstanding	Above Average	Average	Needs Improvement	Not Applicable
Writing Skills					
Reading Skills					
Math Skills					
Communication Skills					
Computer/Technical Skills					
Academic Potential					
Participation in Class					
Assignment Completion					
Attendance					
Punctuality					
Capability of working with others					
Capability of working independently					

Recommendation (Please Check One):

Highly Recommend

Recommend

Recommend with Reservation

Additional Comments:

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_



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Participation in Class					
Assignment Completion					
Attendance					
Punctuality					
Capability of working with others					
Capability of working independently					

Recommendation (Please Check One):

Highly Recommend

Recommend

Recommend with Reservation

Additional Comments:

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_