

Advanced International Certificate of Education (AICE)

William M. Raines High School

PART 1: Please print.

Name: _____

Address: _____
Last First M.I.
City: ZIP

Home phone: (_ _ _) _ _ _ - _ _ _ _ Social Security Number: _ _ _ - _ _ - _ _ _

Sex: (Circle one) M F Free or reduced lunch eligible? (Circle one) Yes No

Date of Birth: ____/____/____ (If you have not attended a Duval County public school, please attach a copy of your birth certificate and immunization records.)

Student ID#: _____ School Number: _____

2009-2010 SCHOOL OF ATTENDANCE: _____ 2009-2010 GRADE LEVEL: _____

FCAT scores / levels (most recent): Math: _____ Reading: _____ Writing: _____

Parents'/ Guardian's Name: _____ Work Number _____ Home _____

Cell Number _____ Email address: _____

PART 2: Please circle the appropriate answer to the questions below:

- | | | |
|-----|----|--|
| YES | NO | I am taking or have taken Algebra 1. |
| YES | NO | I am taking or have taken and passed advanced / honors classes in Duval County Public Schools. |

Admission criteria:

- 2.5 or above GPA in Language Arts, Mathematics, Social Studies, and Science.
- Reading at or above grade level (FCAT level 3).
- Part 3 of the application must be signed by parent and student.

PART 3: Contract of understanding for students and parents.

Parent statement of understanding and commitment:

I have read, understand, and support my child's statement of understanding and commitment to the AICE program. I understand that if my student does not progress according to the academic plan by maintaining the required minimum standards, I will be counseled about alternative high school options for my child.

Parent(s) / Guardian signature(s): _____ Student _____

PART 4: Please check each circle below to insure that your application is complete.

- All parts of the application have been **completed**.
- I have **signed** the student statement of understanding.
- My parents/guardians have **signed** their statement of understanding.

Please return completed application and all supporting documents to:

June T. Williams, AICE Coordinator
William M. Raines High School 3663 Raines Avenue
Jacksonville, FL 32209
(904) 924-3049 ext 112 williamsj7@duvalschools.org

All applications may be reviewed by a selection committee of school personnel and administrators. A notification letter will be issued once the review process is complete.