Integrated Systems Technology Academy of Engineering
Application
(Must be completed by student)
Attach a copy of your most recent report card

Jack Britt High School   **Telephone 910-429-2800**
7403 Rockfish Road   **Fax: 910-429-2810**
Fayetteville, NC 28306   **kerryhumphrey@ccs.k12.nc.us**

Student's FULL Name:_____ **Birthdate:**_____

Student Number: _____**Current Grade Level:** _____**Home Phone:**_____

Street
Address: _____ **City:** _____**State:**____**Zip**_____

What do you enjoy doing in your spare time?

List club memberships, extra-curricular activities, and volunteer experiences:

Why would you like to be a member of the IST Academy of Engineering?

Write a brief paragraph describing yourself and attach it to this application.

I understand that if I am accepted in the IST Academy of Engineering at Jack Britt High School, I will be committed to participate through my senior year in high school. My acceptance further commits me to abide by the policies established by the Academy Board.

_____

Signature of Applicant   Date

I have read this application and the Academy brochure, and I approve of my child's participation in the IST Academy of Engineering at Jack Britt High School. _____

Signature of Parent/Guardian   Date

_____

Email Address (please print clearly)