



Dr. Edward L. Whigham Elementary School

# W.A.V.E. Academy

## Whigham Aquatic Visionary Explorers



### OFFICIAL STUDENT APPLICATION FOR THE 2015-2016 SCHOOL YEAR

The goal of Whigham’s Aquatic Visionary Explorers Academy (W.A.V.E.) is to provide rising second through fifth grade students with a high quality STEM based curriculum that utilizes the unique resources of the Everglades and Biscayne Bay. W.A.V.E. will challenge students to explore scientific concepts using the 5E model (engage, explore, explain, elaborate, evaluate) as well as the Common Core Standards. This rigorous program can be a springboard for students interested in the C.O.A.S.T. middle school and high school programs.

**DIRECTIONS:**

- \* Applications MUST be received by Monday, May 1, 2015
- \* Use black or blue ink to fully complete the application.
- \* No more than ten (10) unexcused absences.
- \* Read and sign the Agreement of Understanding.

**ELIGIBILITY REQUIREMENTS:**

- \* Must have a minimum 2.0 or higher in conduct
- \* Must have a cumulative 2.0 GPA or higher in core academic

Please use the student’s legal name as indicated on birth certificate. Do not use nicknames, assumed names, etc.

<b>Student Last Name</b>	<b>First Name</b>	<b>Middle Name</b>
_____	_____	_____
<b>Date of Birth</b> (MM/DD/YYYY)	<b>Gender</b> (circle one)	<b>Student ID Number</b>
_____	Male / Female	_____
<b>Student Address – Number and Street</b>	<b>Apt. #</b>	<b>City</b>
_____	_____	_____
<b>ZIP</b>	<b>State</b>	<b>School Student Currently Attends</b>
_____	_____	_____
<b>Parent/Guardian</b>	<b>Last Name</b>	<b>First Name</b>
_____	_____	_____
<b>(Area Code) Home Phone</b>	<b>(Area Code) Work Phone</b>	<b>(Area Code) Cell Phone</b>
_____	_____	_____
		<b>E-Mail Address</b>
		_____

**AGREEMENT OF UNDERSTANDING** – I, hereby, give permission for my child to be screened for admission to the selected program designated in this application. If accepted, he/she will be enrolled as a full-time student at the school of acceptance. My child must demonstrate acceptable performance, attendance and conduct (as determined by school-site policy) in order to remain in the program.

**Parent/Guardian Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Parent/Guardian Name (PRINT)** \_\_\_\_\_

**APPLICATION FORM DEADLINE: May 1, 2015**

**SUBMIT ORIGINAL COMPLETED APPLICATION TO:**

Dr. Edward L. Whigham Elementary  
21545 S.W. 87<sup>th</sup> Avenue  
Cutler Bay, FL. 33189  
305-234-4840 \ Fax 305-234-4837

