

Santa Paula High School
Agriculture Program
Application

Enrollment Limited!

Student's Full Name: _____ Grade: _____

Student ID Number: _____

Home Address: _____

Name(s) of Parent(s)/Guardian: _____

Home Phone: _____ Work Phone: _____

Select Course (Check all that apply):

Agriculture Science Academy I (9th grade): _____

Agriculture Science Academy II (10th grade): _____

Sustainable Agriculture Biology (10th grade): _____

Agriculture Science Academy III (11th grade): _____

Intro to Agriculture Business (11th – 12th grade): _____

Agriculture Marketing & Sales (11th – 12th grade): _____

What school subjects do you like most and why?

What school subjects do you like least and why?

Explain why you want to be in this Agriculture Program:

How do you think you will benefit from the Agriculture Program?

What career goals do you have? What kind of employment do you see yourself doing five/ten years from now? Why?

Are you interested in participating in any of the following:

Choir Band ROP AP Classes
 Dance Athletics Debate Team Ventura College
 Sports

Please attach one Teacher Recommendation Form to this application. List Teacher name and school name below:

Teacher: _____

School: _____

Please attach one Counselor Recommendation Form to this application. List counselor name and school below:

Counselor: _____

School: _____

By signing the bottom of this application, you affirm that everything you have written in this application is true, and that you agree to the requirements of the Agriculture Program.

I understand if my math and/or language arts skills are deficient, I will attend summer school as directed by the program counselor & teachers as a condition of acceptance/admission/continuance to the Agriculture Program.

I understand that the Agriculture Program is a three-year commitment, have read the program contract, and reviewed the four-year pathway and, if accepted, I will agree to participate fully.

I understand that the Agriculture Program is a unique learning environment that will require off-campus job shadowing and mentoring with a business person, and business internships. I understand that my student and the Agriculture Program will require parental support in order to be successful. I grant permission for my son/daughter to enroll in the Agriculture Program.

Printed Name: _____

Student Signature: _____

Parent signature: _____

Date: _____