

Trenton Public Schools



The Donald O. Shelton, Sr. Visual and Performing Arts, Gifted and Talented Program



Francisco Durán, *Superintendent of Schools*

Paula Bethea, *Principal*

Lucy Feria, *Chief Academic Officer*

Michael Pettola, *Vice Principal*

George Benton, *Supervisor*

Joyce Kilmer Middle School

Social Studies, Gifted and Talented

1300 Stuyvesant Avenue

Trenton, NJ 08601

New Student Application

IMPORTANT-PLEASE READ

This application is for students who would like to be considered for admission to **The Donald O. Shelton, Sr. Visual and Performing Arts, Gifted and Talented Program at Joyce Kilmer Middle School**

Applications are currently being accepted on a rolling basis for the new academic schools year as space permits. The earlier the applicant submits an application the higher the priority will be given in the review.

SUBMISSION INSTRUCTIONS

BY EMAIL (recommended method):

1. Fill out necessary information
2. Email attachment to:
gbenton@trenton.k12.nj.us

BY MAIL:

1. Fill out necessary information
2. Mail to: Trenton Board of Education
Attn: George Benton
108 North Clinton Avenue, Rm 301
Trenton, NJ 08609

IN PERSON AT JOYCE KILMER MIDDLE SCHOOL

Fill out necessary information at:

Joyce Kilmer Middle School
1300 Stuyvesant Avenue
Trenton, NJ 08618
609-656-4801

If you have a change of telephone number, email address, or mailing address once the application is submitted, please contact Mr. George Benton at 609- 656-4900 extension 5643.

ALL APPLICATION MATERIALS TO THE DONALD O. SHELTON, SR., VISUAL AND PERFORMING ARTS, GIFTED AND TALENTED MIDDLE SCHOOL PROGRAM WILL BE TREATED AS CONFIDENTIAL. NO PART OF THIS APPLICATION WILL BE DISTRIBUTED.

OUR MISSION: "All Trenton Public School students who possess and demonstrate high level of ability in one or more content area, when compared to their chronological peers, will receive modification of their educational program to achieve in accordance to their capabilities."

APPLICANT'S NAME: _____

DATE: _____

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FAMILY CONTACT INFORMATION

Student Information

Name: _____ Middle: _____ Last: _____ Sex: M F

Date of Birth: _____ Place of Birth: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Home Phone Number: _____ Alternate Number: _____

Parent/Guardian Information

Name: _____ Middle Initial: _____ Last: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Home Phone Number: _____ Alternate Number: _____

Email: _____ Occupation: _____

Educational Level Reached: _____

Parent 2

Name: _____ Middle Initial: _____ Last: _____ Relationship: _____

Street Address: _____

City: _____ State: _____ Postal Code: _____

Home Phone Number: _____ Alternate Number: _____

Email: _____ Occupation: _____

Educational Level Reached: _____

Sibling Information

1.Sibling's name: _____ Date of Birth: _____

School Attending: _____

2.Sibling's name: _____ Date of Birth: _____

School Attending: _____

3.Sibling's name: _____ Date of Birth: _____

School Attending: _____

APPLICANT'S NAME: _____

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Student's Academic Background

Name of School Presently Attending: _____

School Address: _____

Current Grade Level: _____ Years Attended: _____

Please list all schools which your child attended.

Name of School	Location	Dates Attended	Reason for Leaving

If the student has skipped a year, been out of school for a semester or more, or if there is anything else about his/her school enrollment we should know, please describe it here or on a separate sheet:

Please list all academic summer programs and/or programs for gifted students your child attended.

Name of Program	Program or Subject 9s) Studied	Dates Attended	Competitive Admissions? (Yes or No)

Describe your child's ideal learning environment. Possible factors to address include, but are not limited to: classroom discussions, self-paced learning, independent work, group work, structured or unstructured environments.

How would you describe your child's personality? _____

How much time does your child currently spend on academic subject study outside of the classroom? _____

How does your child respond to challenges? _____

APPLICANT'S NAME: _____

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Describe any area in which your child may need support: _____

How do you view your role as a parent in contributing to your child's education? _____

It is important that parents and schools have a good relationship. What kind of feedback do you typically give your

Child's school? Give examples. _____

Please list your child's interest. _____

Please share any additional information about your child that you feel is relevant and important.

Please list any concerns or questions you still may have in reference to **The Donald O. Shelton, Sr. Visual and Performing Arts, Gifted and Talented Program:**

Parent Signature: _____ Date: _____

APPLICANT'S NAME: _____