

WILLIAMSTOWN HIGH SCHOOL

700 North Tuckahoe Road

Williamstown, New Jersey

Phone: 856-262-8200 - Fax: 856-262-0869

Website – www.monroetwp.k12.nj.us

Application for Academy Admission

(Please choose one)

- Allied Health
- Business and Finance
- Computer Science
- Engineering Sciences
- Law and Justice

Please type or print.

1. **APPLICANT** Name: _____

Last

First

Middle

Social Security #: _____

Home Address: _____

_____ Zip Code _____

Home Telephone Number: _____

Date of Birth: _____

2. **Present School:** _____ **Grade:** _____

3. FATHER / GUARDIAN

Name: _____

Address: _____

_____ Zip Code _____

Occupation: _____ Home Phone: _____

Work Phone: _____

MOTHER/GUARDIAN

Name: _____

Address: _____

_____ Zip Code _____

Occupation: _____ Home Phone: _____

Work Phone: _____

4. List any extra-curricular or community organizations in which you have participated. Indicate dates of involvement.

5. Briefly describe your computer skills:

6. Use a separate sheet of paper and write a brief essay (300 word minimum) explaining why you are interested in enrolling in a Collegiate Academy at Williamstown High School. This essay should include your immediate and long term academic and career goals. Please attach the essay to this application.

**THE FOLLOWING SECTION MUST BE COMPLETED BY THE
PARENT/GUARDIAN**

I hereby give permission for my child to be considered for admission to the Collegiate Academy Program at Williamstown High School. I also understand that applications will be held in confidence by all members of the selection committee and that applications will not be returned.

Signature of Parent/Guardian_____ Date_____

PLEASE SUBMIT ALL FORMS BY MARCH 5, 2012

Submit all Forms to the WMS Guidance Department

561 Clayton Road

Williamstown, New Jersey 08094