



Dr. Edward L. Whigham Elementary School
W.A.V.E. Academy
 Whigham Aquatic Visionary Explorers



OFFICIAL STUDENT APPLICATION FOR THE 2017-2018 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 7E model (elicit, engage, explore, explain, elaborate, evaluate, and extend) 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.

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| DIRECTIONS: | ELIGIBILITY REQUIREMENTS: |
| * Applications MUST be received by Monday, May 5, 2017 | * Must have a minimum 2.0 or higher in conduct |
| * Use black or blue ink to fully complete the application. | * Must have a cumulative 2.0 GPA or higher in core academic |
| * No more than ten (10) unexcused absences. | |
| * Read and sign the Agreement of Understanding. | |

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

Student Last Name		First Name		Middle Name
_____		_____		_____
Date of Birth (MM/DD/YYYY)	Gender (circle one)	Student ID Number	Current Grade	Current Teacher
_____	Male / Female	_____	_____	_____
Student Address – Number and Street			Apt. #	City
_____			_____	_____
ZIP	State	School Student Currently Attends		Public School: YES NO
_____	_____	_____		_____
Parent/Guardian	Last Name	First Name	Initial	
_____	_____	_____	_____	
(Area Code) Home Phone	(Area Code) Work Phone	(Area Code) Cell Phone	E-Mail Address	
_____	_____	_____	_____	

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 5, 2017

SUBMIT ORIGINAL COMPLETED APPLICATION TO:
 Dr. Edward L. Whigham Elementary
 21545 S.W. 87th Avenue
 Cutler Bay, FL. 33189
 305-234-4840 \ Fax 305-234-4837