



Breakfast Point Academy

601 N. Richard Jackson Blvd
Panama City Beach, FL 32407

Phone - 850-767-1190

Fax - 850-230-1006

www.bayschools.com/schools/bpa

Home of the "Stingrays"

Keri Weatherly
Principal

Gay Speights
Assistant Principal

Rebecca Christopher
Assistant Principal

Christina Bordelon
Assistant Administrator

BREAKFAST POINT ACADEMY Current 6th and 7th Graders Pre-AP Application APPLICATION CHECKLIST for New Applicants

- Submit application no later than April 28, 2017.
 - 6th and 7th grade students currently enrolled in the Pre-AP program at BPA do not need to reapply. Final grades, classroom assessments, FSA, MAP, and other school-wide assessments will determine a student's continued placement in the program.
 - Current 6th and 7th graders who want to be considered for placement in the Pre-AP program for the 2017-2018 school year need to fill out the application in its entirety. **New applicants will be considered if seats become available.**
- Submit all attachments with application:
 - Student Data Form
 - School Data Form
 - Honor Pledge
 - Copy of the most recent report card
 - Student Essay Questions (must be handwritten)
- Give copies of the "Teacher Recommendation Form" to THREE of the following: student's current **Math, Language Arts, History, or Science Teacher.**
 - Your teacher will return this directly to Breakfast Point Academy, ATTN: Middle School Guidance.

Report card averages for the 2016-2017 school year, classroom assessments, FSA, MAP, and other school-wide assessment data will determine a student's preliminary placement into the pre-AP program. Previous years of academic performance will also be taken into account when determining a student's eligibility for the pre-AP program as well as teacher recommendations.

If you have questions about the Pre-AP Program, requirements or the application procedure, please contact your guidance counselor at 850-767-1190.

We look forward to your student's "sting of success" at Breakfast Point Academy!



Breakfast Point Academy

601 N. Richard Jackson Blvd
Panama City Beach, FL 32407

Phone - 850-767-1190

Fax - 850-230-1006

www.bayschools.com/schools/bpa

Home of the "Stingrays"

Breakfast Point Academy Current 6th and 7th Graders Pre-AP Application STUDENT DATA FORM

STUDENT LAST NAME _____ FIRST NAME _____ MI _____

CURRENT GRADE _____ BIRTHDATE ____/____/____ MALE _____ FEMALE _____

CURRENT SCHOOL _____

ZONED MIDDLE SCHOOL _____

Student's Residence _____

Student's Mailing Address (If Different From Above) _____

Home Phone Number _____

Full Name of Father/Guardian _____

Place of Employment _____ Work Phone _____

E-mail _____

Full Name of Mother/Guardian _____

Place of Employment _____ Work Phone _____

E-mail _____



Breakfast Point Academy

601 N. Richard Jackson Blvd
Panama City Beach, FL 32407

Phone - 850-767-1190

Fax - 850-230-1006

www.bayschools.com/schools/bpa

Home of the "Stingrays"

BREAKFAST POINT ACADEMY PRE-AP PROGRAM SCHOOL DATA FORM

(Print) Student's Name: _____

Student's Current School: _____ Grade Level: _____

INFORMATION BELOW IS TO BE FILLED OUT BY SCHOOL GUIDANCE COUNSELORS
Directions to the guidance counselors: Please complete this form in consultation with the student's teachers. **Attach documentation of test scores and grades from current school year.**

1. Grades (attach copy of most recent report card)
2. FSA scores: Reading _____ Math _____ Year: _____
3. What is the student's current math class? _____
4. Are there any other specific factors which may affect the student's performance in the PreAP Program (e.g. behavioral, emotional, physical, social, etc.)?

5. Additional comments: _____

Date: _____

COMPLETED BY: _____

SCHOOL: _____

PLEASE RETURN ALL FORMS TO:
Breakfast Point Academy
Attn: Pre-AP Program/Guidance Department
601 N. Richard Jackson Blvd
Panama City Beach, FL 32407
Phone - 850-767-1190
Fax - 850-230-1006



Breakfast Point Academy

601 N. Richard Jackson Blvd
 Panama City Beach, FL 32407
 Phone - 850-767-1190
 Fax - 850-230-1006

www.bayschools.com/schools/bpa

Home of the "Stingrays"

TEACHER RECOMMENDATION FORM

Student's Full Name _____

Current School: _____

TO THE STUDENT: Please give this form to three of the following: (Current Math, Language Arts, Science, or History teacher) along with a sealed envelope for Breakfast Point Academy Guidance.

TO THE TEACHER: The student whose name appears above is applying for admission to the Pre-AP program at Breakfast Point Academy. In comparison with other high ability students you have taught, please place a check beside the number which clearly represents the student's typical degree of behavior and attitude on a scale of 1-4. Upon completion of this recommendation, **PLEASE MAIL THIS FORM IN THE ENVELOPE THE STUDENT PROVIDES OR THROUGH THE SCHOOL MAIL (Attention: BPA GUIDANCE).** **PLEASE DO NOT RETURN THIS FORM TO THE STUDENT.** Thank you for your time!

Please check the appropriate box below using the following determinations:

4 = always 3 = usually 2 = sometimes 1 = never

MOTIVATIONAL CHARACTERISTICS	1	2	3	4	Comments (optional)
Student regularly attends class					
Student is on time					
Student is interested and excited about school					
Student is intellectually imaginative and creative					
Student is able to focus attention					
Student is willing to try new concepts					
Student is responsible and well behaved					
Student wants learning to be fun and challenging					

LEARNING STYLE	1	2	3	4	Comments (optional)
Student learns new concepts quickly					
Student is able to work effectively in groups					
Student is able to express ideas effectively both orally and in writing					
Student actively participates in class					
Student consistently completes homework and class assignments on time					
Student is above grade level in Math					
Student is above grade level in Reading					
Student is above grade level in Writing					

Please check ONE: _____ Highly recommend _____ Recommend _____ Do not recommend

The selection committee is interested in your impression of this student as a candidate to our Advanced Academic Program. We are especially interested in the student's intellectual promise, commitment, character, and academic and personal integrity. Please provide us with information you feel is relevant to this student's application. _____

TEACHER SIGNATURE

DATE

Grade/Subject Taught



Breakfast Point Academy

601 N. Richard Jackson Blvd
Panama City Beach, FL 32407

Phone - 850-767-1190

Fax - 850-230-1006

www.bayschools.com/schools/bpa

Home of the "Stingrays"

BREAKFAST POINT ACADEMY PRE-AP PROGRAM: HONOR PLEDGE

Student's Name: _____

The Breakfast Point Pre-AP program has been designed to accommodate academically able students. In order for the student to successfully complete the Pre-AP program, it is necessary for the student and parent/guardian to agree to do the following:

Honor Code

- Follow all rules of Breakfast Point Academy as outlined in the Student Handbook and Bay District Schools Student Code of Conduct.
- Certify that each piece of work submitted will be my own work and done by my own hand. Any quotations and ideas from the work of others will be acknowledged by proper citing. Plagiarism will not be tolerated in any form.

Grade/Attendance Policy

- Students must maintain a cumulative B average in each academic course in the current and previous school year.
- Students must maintain an acceptable attendance and discipline record.
- Acceptance and continuance in the Pre-AP program is based upon satisfactory academic performance and teacher evaluations.

I am aware of the honor code, grade policy, and admission procedures as stated in this application booklet and assume all of the responsibilities as stated. I understand that any violation of these can result in dismissal from the Pre-AP Program.

Student Signature: _____ Date: _____

I hereby grant permission and consent for my son/daughter to enroll in the Pre-AP Program and agree to all terms of this contract. I understand by signing this form, I am granting permission for the Pre-AP Admissions Committee to review my student's grades, standardized test scores and cumulative records.

Parent/Guardian Signature: _____ Date: _____