

Goldenview Middle School
COMMUNICATIONS / ANNOUNCEMENTS ELECTIVE
Application

1. Please explain why you are interested in this class.

2. What skills or experiences do you have that would make you a good candidate for this class?

3. Do you have experience for this class? Please list. (i.e. video editing, filming, drama, plays, using video cameras, etc.)

4. Please list some of your hobbies.

5. What school activities do you participate in and enjoy?

6. Are you willing/able to spend time outside of class to work on projects/activities related to this class?

This application is not complete without a teacher recommendation.
SEE REVERSE SIDE

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TEACHER RECOMMENDATION

Teacher: Please fill out this portion after students have done their part, then place it in the counselor's mailbox or send inter-school mail. This will be treated as a confidential recommendation.

General Guidelines

Students in these classes are expected to keep grades up, are trusted to move throughout the building during class working on projects, and are trusted with very expensive video cameras and other equipment. Knowing that there will be a limited amount of seats in this class, briefly describe the applicant's strengths and abilities in relation to this elective.

Teacher's Name

Signature

Date