Mary G. Porter Traditional School

Darci Whitehead, Principal
15311 Forest Grove Drive
Woodbridge, Virginia 22191
(O) 703.580.6501 ~ (F) 703.580.6646 ~ www.porter.schools.pwcs.edu

Grades 1 – 8

2016-2017 Application Packet

Completed applications MUST be received in the Mary G. Porter Traditional School office by 4:00p.m. Friday, February 5, 2016 or postmarked by February 5, 2016.
No applications will be accepted after this date and time.

<table>
<thead>
<tr>
<th>IMPORTANT DATES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Information Nights:</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Questionnaire Writing Sessions</td>
</tr>
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<td></td>
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<td></td>
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<tr>
<td>Prospective Parent School Tour</td>
</tr>
</tbody>
</table>

IMPORTANT NOTE for student applying for 1st grade:
If a student does not meet the PWCS Age of Entrance for Kindergarten: age 5 by September 30 of that school year, and he/she is attending a private school for Kindergarten, in order to advance to 1st grade at a PWCS school, the private school MUST BE ACCREDITED by the Virginia Council for Private Education. You may go to VCPE.ORG to check if a private school is accredited.

The Prince William County School Division does not discriminate in employment or in its educational programs and activities against qualified individuals with disabilities, nor on the basis of age, gender, race, color, religion, or national origin.
Mary G. Porter Traditional School

APPLICATION CHECKLIST

Student Name: _________________________________ Grade Next Year: __________

A COMPLETED APPLICATION must contain ALL of the items listed below.

_____ Student and Parent/Guardian Information (page 2)
_____ Student and Parent/Guardian Enrollment Contract (page 3)
_____ Student Questionnaire (pages 4-6)
_____ Parent/Guardian Statement (page 7)
_____ Teacher Recommendation Form (page 8)
_____ Porter Transportation Agreement (page 9)
_____ Copy of the most current report card (NOT the Interim Report)
_____ Copy of most current IEP (IF your child is receiving Special Education services from a Prince William County school.)

It is the parent/guardian and student’s responsibility to ensure that the application packet is complete and that all components are turned in on time. Applications may be turned in or mailed to:

Mary G. Porter Traditional School
15311 Forest Grove Drive
Woodbridge, Va. 22191
ATTN: 2016-17 Applications

Completed applications MUST be received in the Mary G. Porter Traditional School office by 4:00p.m. on Friday, February 5, 2016 or postmarked by February 5, 2016.

Only COMPLETED application packets will be accepted and processed; incomplete applications will not be processed.
### Mary G. Porter Traditional School

**STUDENT AND PARENT/GUARDIAN INFORMATION**

(Please print or type all information)

<table>
<thead>
<tr>
<th>STUDENT Name</th>
<th>Birthdate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
</tr>
<tr>
<td>Middle</td>
<td>M or F (please circle one)</td>
</tr>
</tbody>
</table>

| Street Address | City | State | Zip Code |

| Current School: | Neighborhood (Base) School | Current Grade: |

<table>
<thead>
<tr>
<th>FATHER/LEGAL GUARDIAN (Full Name)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Street</td>
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<tr>
<td>Home Phone</td>
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<tr>
<td>E-mail</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MOTHER/LEGAL GUARDIAN (Full Name)</th>
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</thead>
<tbody>
<tr>
<td>Address</td>
</tr>
<tr>
<td>Street</td>
</tr>
<tr>
<td>Home Phone</td>
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<tr>
<td>E-mail</td>
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</tbody>
</table>

**SIBLING INFORMATION**

Do you have a **brother or sister** applying to Porter? YES NO (Please circle one)

If YES...Name of brother/sister: ___________________________ Grade NEXT year: ______

Do you have a brother or sister **currently attending** Porter? YES NO (Please circle one)

If YES...Name of brother/sister: ___________________________ Grade THIS year: ______

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**OFFICE USE ONLY...PLEASE DO NOT WRITE BELOW THIS LINE**

Pulled in lottery: _______ Waitlisted: _______ Pulled from waitlist date: __________

Mailed ‘waitlist’ letter: __________

Given to parent: ______ Registration form ______ PWCS Registration packet ______ Transfer form

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2016 - 2017 Application
Mary G. Porter Traditional School

STUDENT AND PARENT/GUARDIAN ENROLLMENT CONTRACT

Mary G. Porter Traditional School is a School of Choice in Prince William County. The foundation of this “School of Choice” includes rigorous academic instruction, strong performance expectations, high behavioral standards, and consistent parental involvement.

Parents and students are expected to fulfill the requirements of this contract to remain at Porter School.

PORTER STUDENTS ARE EXPECTED TO:

- Strive for academic success.
- Wear the designated school uniform daily.
- Complete required volunteer hours each year:
  - Grades 1-3: 10 hours
  - Grades 4-5: 15 hours
  - Grades 6-8: 20 hours
- Follow the Prince William County Public School Code of Behavior.
- Maintain outstanding conduct and work habits.

PORTER PARENTS ARE EXPECTED TO:

- Complete 10 volunteer hours per year, per child enrolled at Porter.
- Support the Prince William County Public School Code of Behavior.
- Support the PORTER Uniform policy, Academic standards, and Attendance standards.
- Follow and abide by the Porter Transportation Agreement (see page 9).
- Reinforce appropriate study habits and behavior standards.
- Promote self-esteem, self-respect and self-empowerment.

Student and Parent/Guardian Commitment:

I, the undersigned, understand and will follow the requirements and expectations of the student/parent contract of Mary G. Porter Traditional School.

___________________________  __________        _______  _______  ______
Parent/Guardian Signature            Date

________________________________  ____________  ____
Student Signature                    Date

2016 - 2017 Application
STUDENT QUESTIONNAIRE

**ONLY students currently in 1st-7th grade are required to fill this portion out. Current KINDERGARTNERS DO NOT have to fill out this form.**

This student questionnaire MUST be completed on one of the following dates and times at Mary G. Porter Traditional School. It is NOT to be filled out at home.

<table>
<thead>
<tr>
<th>Questionnaire Writing Sessions</th>
<th>Wednesday, January 6, 2016</th>
<th>6:30-7:30pm</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Thursday, January 14, 2016</td>
<td>6:30-7:30pm</td>
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<td></td>
<td>Tuesday, January 19, 2016</td>
<td>6:30-7:30pm</td>
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<td></td>
<td>Thursday, January 28, 2016</td>
<td>6:30-7:30pm</td>
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</tbody>
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Student Directions:
- Complete the first question and select any two of the other questions (2-6).
- Write your answers on pages 5 and 6.
- Print or write neatly and clearly.

STUDENT NAME ___________________________ DATE __________________

STAFF MEMBER SIGNATURE __________________________

MANDATORY QUESTION:

1. Why do you want to attend Mary G. Porter Traditional School?

PLEASE SELECT TWO OF THE FOLLOWING QUESTIONS:

2. Describe a time when you were really proud of yourself.

3. Describe your favorite subject in school and explain why?

4. Describe your interests and hobbies.

5. Describe what you want to do when you grow up.

6. Describe someone who is special to you and explain why.
1. Why do you want to attend Mary G. Porter Traditional School?

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PARENT/GUARDIAN STATEMENT

STUDENT’S NAME______________________________________________________________________

In the space below, please explain how Mary G. Porter Traditional School can support your child’s education.

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Parent/Guardian Signature ___________________________ Date  

2016 - 2017 Application
TEACHER RECOMMENDATION FORM

IS TO BE COMPLETED BY A TEACHER WHO HAS TAUGHT THE STUDENT AND IS FAMILIAR WITH HIS/HER ACADEMIC WORK.

STUDENT’S NAME ____________________________________________

SCHOOL ______________________________________________________

TEACHER/GRADE LEVEL _________________________________________

1. How well would this child succeed in the Porter Traditional Program?

2. Please estimate the extent to which the student has demonstrated in your class the qualities listed below. Be sure to respond to all qualities. (Scale: 4 - Superior; 3 - Excellent; 2 - Good; 1 - Fair)

   a. Motivation and initiative  4  3  2  1
   b. Self-direction            4  3  2  1
   c. Intellectual curiosity   4  3  2  1
   d. Independence of thought  4  3  2  1
   e. Originality of ideas, creativity  4  3  2  1
   f. Leadership skills        4  3  2  1
   g. Positive attitude toward learning  4  3  2  1
   h. Openness to new experiences  4  3  2  1
   i. Respect and tolerance for views of others  4  3  2  1
   j. Organizational skills    4  3  2  1
   k. Turns in work in a timely manner  4  3  2  1

TEACHER SIGNATURE: _________________________________________

Please SEAL this recommendation in an envelope with the student’s name on the front. Please sign your name across the back seal on the envelope.

Please RETURN THE ENVELOPE TO THE PARENT/GUARDIAN for submission to the school with their application.
TRANSPORTATION AGREEMENT

The school division will provide express bus service for students enrolled at Porter. The length of the bus route varies from fifteen minutes to 60 minutes, with an average bus ride of 30 minutes.

PLEASE CHECK ONE:

☐ BUS TRANSPORTATION

The conditions of my child’s participation in the transportation arrangements are:

- I will wait for my child’s bus in the morning and meet my child’s bus in the afternoon at his/her assigned bus stop unless I arrange for a responsible person to do the same.
- If his/her designated responsible person does not meet my child, the child will be returned to school.
- My child’s school will retain a responsible person on duty at the school until all students have been delivered to their respective parents or responsible person.
- I will instill in my child that he/she will not exit the bus at the bus stop unless the parent(s) or responsible person is present.
- Repeated failures to wait for the bus or meet my child will result in termination of my child’s bus transportation privileges.

Name of Bus Stop (see the Express Bus Stop list on the following page)

☐ PRIVATE TRANSPORTATION

- I will provide transportation for my child TO and FROM school.
- I will follow the car line procedures.
- I will not drop my child off in the parking lot.

By my signature below, I certify that I understand and agree to the transportation arrangements that have been made for my child identified below.

__________________________________________________________ __________
Parent/Guardian PRINTED Name Date

__________________________________________________________ __________
Parent/Guardian SIGNATURE Date
<table>
<thead>
<tr>
<th>EXPRESS BUS STOPS</th>
</tr>
</thead>
<tbody>
<tr>
<td>ANTETAM ELEMENTARY</td>
</tr>
<tr>
<td>ASHLAND ELEMENTARY</td>
</tr>
<tr>
<td>BEL AIR ELEMENTARY</td>
</tr>
<tr>
<td>BELMONT ELEMENTARY</td>
</tr>
<tr>
<td>CHINN CENTER</td>
</tr>
<tr>
<td>DALE CITY BOYS' &amp; GIRLS' CLUB</td>
</tr>
<tr>
<td>DALE CITY ELEMENTARY</td>
</tr>
<tr>
<td>DUMFRIES BOYS' &amp; GIRLS' CLUB</td>
</tr>
<tr>
<td>DUMFRIES ELEMENTARY</td>
</tr>
<tr>
<td>ENTERPRISE ELEMENTARY</td>
</tr>
<tr>
<td>FITZGERALD ELEMENTARY</td>
</tr>
<tr>
<td>FEATHERSTONE ELEMENTARY</td>
</tr>
<tr>
<td>FRED LYNN MIDDLE</td>
</tr>
<tr>
<td>GODWIN MIDDLE</td>
</tr>
<tr>
<td>GRAHAM PARK MIDDLE</td>
</tr>
<tr>
<td>HENDERSON ELEMENTARY</td>
</tr>
<tr>
<td>HILLENDALE FIRE DEPARTMENT</td>
</tr>
<tr>
<td>KERRYDALE ELEMENTARY</td>
</tr>
<tr>
<td>KILBY ELEMENTARY</td>
</tr>
<tr>
<td>KING ELEMENTARY</td>
</tr>
<tr>
<td>LAKE RIDGE ELEMENTARY</td>
</tr>
<tr>
<td>LAKE RIDGE MIDDLE</td>
</tr>
</tbody>
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