

# MCNAIR MAGNET MIDDLE SCHOOL

## GALAXY PROGRAM FOR GIFTED AND ACADEMICALLY ACCELERATED STUDENTS

School Year 2023-2024

Dear Students and Parents/Guardians,

Thank you for your interest in the Galaxy Program at McNair Magnet Middle School. This program is designed to meet the needs of like minded students of enriched academic backgrounds. Students in the Galaxy Program will be exposed to rigorous core curriculum.

Galaxy students will work with a team of Gifted certified teachers in a cohort of other gifted and academically accelerated students. The Galaxy program is designed to have the students seamlessly transition to high school honors and/or rigorous college level coursework.

Please review the information with your student. Successful Galaxy students are those that are personally motivated to excel in a challenging environment and contribute to a diverse and dynamic community of learners.

All new applicants should return their completed application to McNair Magnet Middle School no later than **FRIDAY, APRIL 28, 2023**.

If you have any questions about the Galaxy Program, please contact:

Jennifer Shockley, Assistant Principal

Galaxy Program Administrator

Phone: 321-633-3630

Email: [shockley.jennifer@brevradschools.org](mailto:shockley.jennifer@brevradschools.org)

# **GALAXY PROGRAM APPLICATION**

Students Name: \_\_\_\_\_ Student Number: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Parent Email: \_\_\_\_\_

## APPLICATION CHECKLIST

- Complete this page
- Most current report card
- Student Essay
- Teacher recommendation (6th grade ELA teacher)
- Teacher recommendation (6th grade MATH teacher - if the same as ELA choose another teacher)
- Parent statement
- Student Volunteer Hours

\*Students must be on grade level and level 3+ on state assessments to be considered for Galaxy.

Student Signature \_\_\_\_\_

Parent Signature \_\_\_\_\_



McNair Magnet Middle School's Galaxy Program TEACHER Recommendation Form  
CONFIDENTIAL

Student Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Subject: ELA MATH SCIENCE/SS OTHER

Please use the following rating scale when completing the descriptors for this student.

3 = Exhibits this trait to an exceptional degree

2 = Exhibits this trait consistently

1 = Exhibits this trait rarely

TRAIT	3	2	1
Learns quickly with good retention			
Adheres independently to deadlines			
Is a keen and alert observer			
Works well in group settings			
Demonstrates strong skills in this subject area			
Is a self-starter			
Is rarely absent and always punctual			
Is highly motivated with a positive attitude about learning			
Is persistent and complete with regard to assignments and homework			
Is prepared for class			
Thinks outside the box			
Demonstrates responsibility, dependability, and honesty			
Overall has a good work ethic			

Is this student capable of working in McNair's Gifted/Accelerated GALAXY Program?    Y    N

Please circle one:

I highly recommend

I recommend

I recommend with reservations

I do not recommend

Please explain any reservations

\_\_\_\_\_

\_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send this confidential recommendation to JENNIFER SHOCKLEY, at McNair Magnet Middle School  
 McNair Magnet Middle School's Galaxy Program TEACHER Recommendation Form  
 CONFIDENTIAL

Student Name \_\_\_\_\_

Teacher's Name \_\_\_\_\_ Subject: ELA MATH SCIENCE/SS OTHER

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Is this student capable of working in McNair's Gifted/Accelerated GALAXY Program? Y N

Please circle one:

I highly recommend

I recommend

I recommend with reservations

I do not recommend

Please explain any reservations

\_\_\_\_\_  
 \_\_\_\_\_

Teacher Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please send this confidential recommendation to JENNIFER SHOCKLEY, at McNair Magnet Middle School  
McNair Magnet Middle School Galaxy Program  
Parent/Guardian Statement

Student Name: \_\_\_\_\_

Your child is applying for admission to McNair's Galaxy Program. Please complete the following questions. You may type your responses and attach them to this application.

Strengths: What are your child's strengths as a student? How have those strengths helped him/her to be successful in school?

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Areas of Improvement: What are your child's needs of improvement? What will he/she have to do to be successful in the Galaxy Program?

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Please share with us any additional information.

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Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Student Volunteer Hours

Students in the Galaxy Program will be required to do 25 volunteer hours each year. Five of the hours will be required to be done on campus, and the other 20 will be done at a school-approved location (proposal request form). All required forms will be given hard copy and electronically. It is the student's responsibility to maintain accurate records.

### Student Admission Agreement:

Please initial each term and condition for participating in the GALAXY Program.

\_\_\_\_\_ Follow all rules of McNair Magnet Middle School and Brevard County Public Schools.

\_\_\_\_\_ Show respect for fellow students and school personnel at all times.

\_\_\_\_\_ Actively participate in class by being prepared daily.

\_\_\_\_\_ Maintain a minimum 3.0 GPA in all courses with no grade less than a "C" in an subject (including electives).

\_\_\_\_\_ Make every effort to be in school every day and in class on time.

\_\_\_\_\_ Understand when I am absent it is my responsibility to get assignments and complete those assignments.

\_\_\_\_\_ Maintain the highest degree of academic integrity.

\_\_\_\_\_ Complete the required 25 volunteer hours.

Student Name \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_