

Aurora High School



***INTERNATIONAL BACCALAUREATE
DIPLOMA PROGRAMME APPLICATION***

(Please print)

Name _____ Phone _____
Address _____

Father/Guardian Name _____ Daytime Phone _____
Mother/Guardian Name _____ Daytime Phone _____

References: *Two* high school teacher recommendations are required (see attached forms). List the teachers who will write your recommendations. One teacher must be from Category A and one from Category B. Teachers should return recommendations to the IB Office.

Category A
English
Social Studies
Foreign Language

Category B
Math
Science

Teachers' Names: _____ Subject _____
_____ Subject _____

I acknowledge that:

- I must pass all sections of the Ohio Graduation Tests by August 2010 to participate in the IB programme
- **the school makes decisions on staffing, master schedule, textbooks, and instructional materials based on student interest in IB. Therefore, once a student has scheduled into the programme, they cannot withdraw until the end of 1st semester.**

Applicant's Signature: _____

All application materials are due in the Mr. Alexander by Friday, February 12, 2010.