

# Rockville High School

ROCKVILLE REGIONAL AGRICULTURAL EDUCATION CENTER

70 LOVELAND HILL ROAD · VERNON, CONNECTICUT 06066

KAREN M. FITZPATRICK, *DEPARTMENT HEAD*  
AGRICULTURAL EDUCATION  
TEL: 860-870-6050 X371  
FAX: 860-870-6092

ANDREW K. ROCKETT, *PRINCIPAL*  
ROCKVILLE HIGH SCHOOL  
TEL: 860-870-6050

Dear Students and Parents/Guardian:

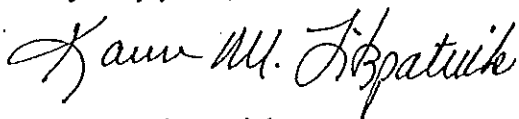
Thank you for your interest in the Agricultural Education Program at Rockville High School. Below is a list of required information that must be completed by you to determine your acceptance.

1. Application.
2. Agricultural Interest Essay.
3. Two Letters of Recommendation – One should be from a teacher or guidance counselor in the school you are now attending. The other should come from someone who knows of your interest in agriculture. Recommendations should be from non-family members.
4. Qualified applicants and their parents or guardians will be selected to receive a personal interview at the Agricultural Education Center.
5. Transcript (report card) and test scores provided by your counselor.

The first three items above should be completed now and returned to your guidance counselor or to the Agricultural Education Center. The personal interview will then be scheduled.

If you have any questions about the above procedure, please contact the guidance department of your local school or call the Agricultural Education Center at 860-870-6050 x 371 between 7:00am and 2:30pm or Fax 860-870-6092. Please be sure to visit our website at [www.rockvilleag.info](http://www.rockvilleag.info).

Very truly yours,



Karen M. Fitzpatrick  
Department Head  
Agricultural Education Program

KMF:jac

**APPLICATION  
ROCKVILLE AGRICULTURAL EDUCATION PROGRAM  
ROCKVILLE HIGH SCHOOL**

DATE \_\_\_\_\_

NAME \_\_\_\_\_  
                     First                                Middle Initial                                Last

MAILING ADDRESS \_\_\_\_\_

TOWN OF RESIDENCE \_\_\_\_\_ TELEPHONE \_\_\_\_\_

PARENT/GUARDIAN NAME \_\_\_\_\_

PARENT/GUARDIAN WORK TELEPHONE \_\_\_\_\_

STUDENT'S DATE OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ YEAR IN SCHOOL \_\_\_\_\_

List the names and addresses of two people from whom you will obtain Letters of Recommendation. One or both should be from a teacher in the school you are now attending.

1. \_\_\_\_\_  
                                 NAME  ADDRESS

2. \_\_\_\_\_  
                                 NAME  ADDRESS

I (parent or guardian) agree that \_\_\_\_\_ may take the Agricultural Education Program at Rockville High School if accepted. I further understand that the student is required to acquire practical agricultural experience by conducting a Supervised Agricultural Experience Program in agriculture outside of school either in the form of a production project or a work experience program in agriculture. I will also allow my daughter's/son's school records be reviewed by Rockville High School.

Is your child currently receiving Special Education services?                      Yes \_\_\_\_\_                      No \_\_\_\_\_  
 (This does not influence acceptance into the Agricultural Education Program.)

Return completed Application Packet to your  
 Guidance Counselor or mail to:  
 Rockville Agricultural Education Center  
 Rockville High School  
 70 Loveland Hill Road  
 Vernon, CT 06066

\_\_\_\_\_  
 Parent/Guardian Signature

**Rockville Regional Agricultural Education  
Student-Parent Agreement**

I, \_\_\_\_\_, agree that \_\_\_\_\_  
Parent/Guardian Student  
may enroll in the Agricultural Education Program at Rockville High School. I understand that my son/daughter is required to have a Supervised Agricultural Experience Program each year in an Agriculturally related area either in the form of Agricultural experience, job placement, or a combination of both to meet credit requirements. I agree to have \_\_\_\_\_ take part in  
Student's First Name  
Chapter FFA activities.

The application for enrollment is for acceptance ONLY into the Rockville High School Regional Agricultural Education Program. Students who are accepted into the Agricultural Program and then resign or face dismissal from the Program will attend their local high school, not Rockville High School unless they reside in Vernon.

Parent(s) Signature \_\_\_\_\_ Date: \_\_\_\_\_

I understand that if I am accepted, I will attend Rockville High School to study Agricultural Education. I will obey all rules and requirements of the high school and the Agricultural Education Program. If for some reason I do not choose to obey the rules and requirements, I will no longer be allowed to continue as a student in the Agricultural Education Program, and if I do not reside in Vernon I must return to my own town for my secondary education.

Applicant's Signature \_\_\_\_\_

If you have any questions, please contact Ms. Karen Fitzpatrick, Department Head, at 870-6050 x 371.

## AGRICULTURAL INTEREST ESSAY

Please write a short essay on why you want to take the Agricultural Education Program at Rockville High School. Include agricultural interest areas (Animal Science, Plant Science, Forestry, Agricultural Mechanics or Natural Resources), practical agricultural experience, agricultural background (if any), agricultural career objective (if known), and any other information which might explain your interest in the program.

Your Name \_\_\_\_\_ Your Town \_\_\_\_\_

\_\_\_\_\_  
Your Signature

**APPLICATION FOR ENROLLMENT - RECOMMENDATION**

To be completed by reference and returned to the Rockville High School Agricultural Education Center.  
Two references are required.

The following student has made application to the Rockville Regional Agricultural Education Center. Your name has been given as a reference. Please evaluate this individual on each of the qualities listed below. Place a checkmark in the appropriate box after each characteristic. Please return completed form to your school guidance counselor to be included in the application or mail directly to us. Recommendation should be from an adult other than a parent, relative, or guardian.

Student's Name \_\_\_\_\_ School \_\_\_\_\_  
Town \_\_\_\_\_ How long have you known this applicant? \_\_\_\_\_

|                                  | <u>Excellent</u>         | <u>Good</u>              | <u>Average</u>           | <u>Fair</u>              | <u>Poor</u>              | <u>Unable to Observe</u> |
|----------------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 1. Maturity                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Dependability                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Cooperation                   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Observance of Rules           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Works without Supervision     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Quality of Work               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Evidence of interest in AG ED | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Applicant is:  Recommended Highly  Recommended

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths/Weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Evaluators's Name (Please print or type) \_\_\_\_\_ Relation to Student \_\_\_\_\_ Date \_\_\_\_\_

Evaluator's Signature \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

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Town \_\_\_\_\_ How long have you known this applicant? \_\_\_\_\_

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Applicant is:  Recommended Highly  Recommended

Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Strengths/Weaknesses: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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