

## Cambridge A.I.C.E. Program Application

Dear Student and Parents/Guardians,

Thank you very much for your interest in the Cambridge program at Sarasota School of Arts + Sciences. The Cambridge curriculum consists of rigorous preuniversity courses that emphasize higher order thinking skills, including writing, problem solving, collaboration, and enquiry skills. We encourage highly motivated students who excel academically to apply to this program.

Admission to the Cambridge program will be based upon a review of the following criteria:

- 1) Middle school core academic grades and/or grade point average
- 2) Middle school curriculum/courses taken
- 3) Scores on relevant Florida Standards Assessments (FSA) standardized tests
- 4) Attendance and discipline records

If you wish to apply for admission to the Cambridge program, please complete and return the enclosed application no later than April 1, 2017.

Please return your application packet to: Sarasota  
School of Arts + Sciences  
c/o Brian D. Sutliff, Cambridge Coordinator  
645 Central Avenue  
Sarasota, FL 34236

If you have any questions, please contact the Cambridge Coordinator.

Sincerely,

Brian D. Sutliff,  
Cambridge Coordinator  
(941)330-1855, ext. 1316  
[BrianSutliff@ssas.org](mailto:BrianSutliff@ssas.org)

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645 Central Avenue  
Sarasota, FL 34236

 941.330.1855  
 941.330.1835

[www.SSAS.org](http://www.SSAS.org)



**Sarasota School of Arts and Sciences Cambridge Program Application  
Student Information:**



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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

**Parent/Guardian Information:**

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

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

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

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**Student Response:**

Please briefly explain why you wish to join the Cambridge program at SSA+S and how you will excel academically in a challenging program.

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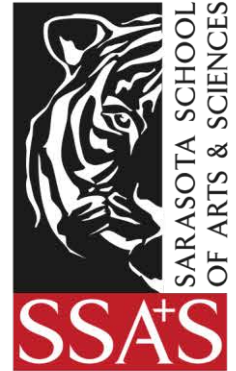
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**Sarasota School of Arts + Sciences Cambridge Program  
Teacher Recommendation Form**



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

Subject: \_\_\_\_\_ Teacher: \_\_\_\_\_

	<b>Excellent</b>	<b>Above Average</b>	<b>Average</b>	<b>Below Average</b>
<b>Intellect</b>				
<b>Motivation</b>				
<b>Study Habits</b>				
<b>Independence</b>				
<b>Personal Conduct</b>				

Do you believe that this student is a good candidate for the Cambridge Program?

Highly Recommended: \_\_\_\_\_

Recommended: \_\_\_\_\_

Not Recommended: \_\_\_\_\_

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

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<b>Intellect</b>				
<b>Motivation</b>				
<b>Study Habits</b>				
<b>Independence</b>				
<b>Personal Conduct</b>				

Do you believe that this student is a good candidate for the Cambridge Program?

Highly Recommended: \_\_\_\_\_

Recommended: \_\_\_\_\_

Not Recommended: \_\_\_\_\_

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



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