



**HILLTOP HIGH SCHOOL  
ACADEMY DEPARTMENT**  
School Year: \_\_\_\_\_ / \_\_\_\_\_

**Please choose one:**

**Academy of Hospitality & Tourism**

**Or**

**Academy of Information Technology**

**Student Name** \_\_\_\_\_  
*Last First current grade*

**Address** \_\_\_\_\_  
*Street City State Zip*

**Parent/Guardian** \_\_\_\_\_  
*Last First*

**Parent/Guardian Daytime Phone #** \_\_\_\_\_

**Parent/Guardian Evening Phone #** \_\_\_\_\_

**Parent/Guardian Cell Phone #** \_\_\_\_\_

Students in the Academy are expected to meet standards in academics and citizenship. I understand that a condition of acceptance into the Academy requires that my student meets these requirements, that he/she will be evaluated on an ongoing basis in these areas, and commits to program support (e.g., tutoring) offered by the Academy to ensure student success.

\_\_\_\_\_  
**Student Signature Date Parent/Guardian Signature Date**

***\*Please return this completed application to the Academy Office at Hilltop High School\****

**For more information call the Academy office at: (619) 476-4276  
or email Pamela.skalicky@sweetwaterschools.org**

## **Student Section**

### **Section One:**

I would like to become a member of the Academy because:

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### **Section Two:**

Please provide the grades from your most recent progress report:

Subject	Scholarship Grade	Citizenship Grade
1.		
2.		
3.		
4.		
5.		
6.		