

**Application for Honors Project Enrichment Class**  
*Return to the library by Friday, October 2nd!*

Student's Name \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

**Please have your core subject teachers sign below and have them return this form to Mrs. Sheller:**

*Teachers: By signing this application you are verifying that the above named student has consistently exceeded expectations in your classroom, is extremely self directed and in need of a challenge.*

Language Arts Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Social Studies Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Math Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Science Teacher: \_\_\_\_\_ Date: \_\_\_\_\_

Teacher comments: