



**Deadline for submission: April 19, 2024**

**MERIT Program Application Form**

Return application to: Thomas County Middle School  
4681 US Highway 84 Bypass  
Thomasville, GA 31792

Student's name \_\_\_\_\_  
(Last) (First) (Middle)

Grade (upcoming school year, please circle one)      5      6      7      8

Gender \_\_\_\_\_ Birth date \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_

Custodial parent(s)' name(s) \_\_\_\_\_

Mailing address (If it is a P.O. Box, please include street address also.)

\_\_\_\_\_ Street

\_\_\_\_\_ City, State, & ZIP

Preferred Phone (\_\_\_\_\_) \_\_\_\_\_ Preferred e-mail address \_\_\_\_\_

Father's employer \_\_\_\_\_ Daytime/Cell phone \_\_\_\_\_

Mother's employer \_\_\_\_\_ Daytime/Cell phone \_\_\_\_\_

List any siblings who have been enrolled in the MERIT program. \_\_\_\_\_

Is student currently in the gifted program?    Yes    No

School where student attends currently: \_\_\_\_\_

\_\_\_\_\_ Student signature & date

\_\_\_\_\_ Parent signature & date

If you are not currently enrolled in the Thomas County School System, please attach copies of report cards and standardized test scores from the most recent year.

**\*A completed teacher recommendation form and a graded writing sample must be attached to all applications.**

**\*Please read and sign the parent/student compact.**

**Deadline for submission: April 19, 2024**  
**MERIT Program Parent/Student Compact**

**Parent Agreement**

If accepted, my child will enroll in the Thomas County Schools MERIT Program. I understand that the curriculum of the MERIT Program will be more rigorous than that found in a typical middle school class. I agree to support the academic demands of the teachers, will provide adequate time for homework and study, and will require that my child attend tutorial sessions if needed. I understand that my child may be transferred to a regular classroom for poor academic performance, misconduct, or excessive absenteeism. I further understand that 20 hours of service learning per year and participation in academic extra-curricular activities and academic competitions are requirements of the program. I will support my child in meeting these requirements.

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Parent Signature

Date

**Student Agreement**

If accepted, I will enroll in the Thomas County Schools MERIT Program. I understand that the curriculum of the MERIT Program will be more rigorous than that found in a typical middle school. I will meet the academic demands of the teachers, will complete homework assignments, and will attend tutorial sessions if needed. I understand that I may be transferred to a regular classroom for poor academic performance, misconduct, or excessive absenteeism. I further understand that 20 hours of service learning per year and participation in academic extra-curricular activities and competitions are requirements of the program. I agree to meet these requirements.

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Student Signature

Date

## Thomas County MERIT Program Teacher Recommendation Form



Student's Full Name \_\_\_\_\_  
 Student's Grade 5 6 7 8 (Circle one)

**\*Teacher Recommendation Form: to be completed by a certified teacher who has taught the student for an entire academic year within the last two years.**

Teacher's name: \_\_\_\_\_  
 Student's current grade: \_\_\_\_\_  
 I taught the student in \_\_\_\_\_ grade.

Please rate the student using the scale provided. For responses of 3 or lower, please comment.	1= rarely displayed 3=sometimes displayed 5= always displayed	Comments
The student has the ability to complete advanced work.		
The student completes class work, homework, and projects on time.		
The student displays a strong work ethic.		
The student shows a high level of motivation.		
The student is well behaved.		
The student has good school attendance.		

Overall impression of candidate: (please circle one)

Highly recommend    Recommend    Recommend with reservation    Do not recommend

**Please answer each of the following questions with as much specificity as possible.**

1. How has the student demonstrated outstanding achievement and ability in your class?
  
  
  
  
2. Is there any academic or behavioral reason that you think this child may NOT flourish in MERIT?

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

**Recommendation forms are due to Thomas County Middle School, attention to Dana Studdard by May 1<sup>st</sup>. Please do not give this form to the applicant. Forms can be sent through inter-office mail or mailed directly to the school.**

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