

THE SCHOOL BOARD OF SARASOTA COUNTY, FLORIDA
VENICE MIDDLE SCHOOL
1900 CENTER ROAD, VENICE, FL 34292
PHONE (941) 486-2100

YOUNG MARINES ADMISSION APPLICATION

Instructions: Return completed application packet by March 1st, 2024, to Venice Middle School (VMS), Receptionist. An email with final schedule information will be sent to families in mid-July after grades & assessment results are received and reviewed by VMS. Keep a copy of this packet for your records.

Points of Pride

We strive for academic success; learn the responsibilities of leadership; grow personally and physically; develop a personal leadership style; build character, integrity, and respect; sustain a positive self-image; seek self-sufficiency and a healthy lifestyle; serve the community; and understand the customs and traditions of the Marine Corps.

- All-day program encourages the mental, moral, and physical development of students.
- Focus on character building, leadership, discipline, and teamwork.
- Promotes healthy, drug-free lifestyle and is recognized as a model for our country.
- Program boasts a 97% retention rate.
- Community Service
- Partnership with local veteran organizations
- Real-world, hands-on field trips

Eligibility Guidelines

- Attendance- Maintain satisfactory attendance as per Sarasota County School Board Policy.
- Grades- Maintain a C or higher average (70% or above).
- Discipline- No major referrals for current or previous year; no zero tolerance offenses allowed.
- All paperwork must be complete to be evaluated prior to admission.

Student Name (Print) _____ Student ID No. _____
Last First

Address _____
Street City State Zip

DOB _____ Student Email _____ Current School _____

Parent/Guardian Name (Print) _____ Parent/Guardian Phone No. _____

Parent/Guardian Email _____

Parent/Guardian Name (Print) _____ Parent/Guardian Phone No. _____

Parent/Guardian Email _____

Application Checklist

- 1) Completed Application
- 2) Two Recommendations, one teacher and one other, non-parenting, mentoring adult (Coach, Community Member, etc.)
- 3) Copy of most recent report card (only for private and out of county/state students)
- 4) Completed letter of interest

Student Applicant Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

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TEACHER RECOMMENDATION

Instructions: A current teacher must complete form. A check mark should be entered under the category that best describes the student.

Student Name (Print) _____ Student ID No. _____
Last First

DOB _____ Student Grade _____ Current School _____

Recommending Teacher Name (Print) _____ Subject Taught _____

	Excellent	Good	Average	Needs Improvement
Motivation/Initiative				
Self-Confidence				
Ability to Adapt to Situations				
Commitment to Academic Achievement				
Willingness to Work Hard				
Personal Integrity/Honesty				
Leadership				

Additional Teacher Comments/Feedback _____

Teacher Contact Number for Additional Comments (Optional) _____

Teacher Signature _____ Date _____

