Kickapoo High School Springfield Public Schools Springfield, MO

Science Seal of Excellence

Application must be completed by the Department Chair

Name _____

Home Address _____ Telephone No. _____

City _____ State _____ Zip Code _____

Name of Parent/Guardian _____

Student must score a 24 or above on the Science portion of the ACT. **Science ACT Score** _____

Student must have completed (4) or more science courses, with a minimum of (2) weighted or honors courses. Please list and include grade awarded.

1. _____ 2. _____

3. _____ 4. _____

5. _____ 6. _____

Student must have a non-weighted GPA of **3.76** or above for science courses.

Student must participate in at least (3) science related extracurricular activities, with at least one of the activities being an approved science competition. Student must provide verification of activity. Approval of activity from Science department chair. Please list activity and date attended. _____

_____

Activity Approved _____ **Activity Not Approved** _____

I hereby state that all information supplied on this application is true and accurate to the best of my knowledge.

_____ _____

(Applicant) (Date)

This is to certify that standards of excellence prescribed for awarding the Seals of Excellence has been met or exceeded.

_____ _____ _____

(Department Chair) (Date) (Approved School Official)

Revised 2-25-2026