2013 - 2014 APPLICATION FORM

International Business Program (IBP)

International Business Program for High Schools (IBPHS)

“Global Business Education for the 21st Century”

c. International Business Program for High Schools - IBPHS 2013
Dr. Arnold Heller
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Application coversheet to the Program Facilitator of the International Business Program for High Schools (IBPHS) for permission to offer the International Business Program (IBP).

Official name of school:

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On behalf of the above-named school, I request permission to offer the IBP curriculum and become an IBPHS member school. Information about the school is supplied on the accompanying document and attachments as needed.

I understand that the International Business Program for High Schools (IBPHS) Program Facilitator will undertake an assessment and implementation visit to the school, at the school’s expense. Furthermore, if IBPHS criteria and conditions are fulfilled, permission to offer the International Business Program (IBP) will be granted.

I confirm that I have read the following documents and agree to abide by IBPHS regulations, criteria and conditions. Furthermore, the appropriate financial authorities of the school or public school district know of the schedule of the IPBHS fee and have agreed to their timely payment.

I declare that, to the best of my knowledge, the information given on this form is correct.

Name and title of head of school: ________________________________ Date: __________________

___________________________________________________________
Your *IBP Program Guide* may serve as a resource for filling in the application and providing the requested information. The IBP *Application Form* may be printed out, filled in and returned to the IBPHS address. Please fill in your response on the lines provided for information. Please be careful to clearly identify the school in all responses and to sign the application coversheet.

**School Information**

Name of school:____________________________________________________

Street address:____________________________________________________

Mailing address (if different from above):____________________________________

City / town__________________________ County___________________________

State / province______________________ Zip Code__________ Country__________

Phone: (include area code and country code if necessary)__________________________

Fax: (include area code and country code if necessary)__________________________

E-mail:_______________________ Web site______________________

Head of school and title____________________________________________________

IBP Lead Teacher / Coordinator____________________________________________

School district:___________________________________________________________

Name of Superintendent__________________________________________________

Address:________________________________________________________________

Phone:______________________ Fax:_______________ E-mail:_______________________

Legal status: (public or private)____________________________________________

What is the total school student population?________________________________

How many other high schools are there in the district/ system:____________________
**Students**

How many students are expected to be enrolled in the IBP? ________________

Will students have to meet entrance criteria in order to be enrolled in the IBP? Yes ______ No _______. If yes, please provide information on selection criteria. (Add Attachment A if necessary.)

What arrangements will the prospective school make with feeder schools to improve the readiness of prospective students for the IBP? Focus on international entrepreneurship education preparation, geography (map skills) and awareness of global issues. (Add Attachment B if necessary.)

What percentage of your students entered a college or university in the past two years?

<table>
<thead>
<tr>
<th></th>
<th>Previous year (%)</th>
<th>Year before that (%)</th>
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<tbody>
<tr>
<td>4-year college / university</td>
<td></td>
<td></td>
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<tr>
<td>2-year community college</td>
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<td></td>
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<tr>
<td>vocational / technical</td>
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**Preparation for program introduction**

How did you first hear about the IBP? _________________________________

How will the school promote the IBP? (Add Attachment C if necessary.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

List the main reasons for wanting to introduce the IBP. (Add attachment D if necessary.)

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

List the current state graduation tests for which students are currently prepared.

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________
Scheduling

How many days of instruction are there in your school year? ________ Weeks? ______

How many instruction periods do students receive per day? ___________ Week? ______

How long in minutes is each instructional period? _____________

Instructional Staffing

Please identify all teachers who will teach IBP courses:__________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

Overall teacher-student ratio; one teacher per ________ students

Who will advise students on their selection of IBP subjects? _________________________
__________________________________________________________________________

Will there be regular time provided for IBP teachers to collaborate?
Yes ____________  No ____________

For which IBP subjects will the school need to recruit new teachers? _____________
__________________________________________________________________________

What amount of time will be allocated per week for the IBP Lead Teacher to effectively
carry out their duties? ____________  A Coordinator, if affordable? ____________

School facilities:

Do you have a full-time qualified Media Specialist? Yes ________  No _______

How many computers in the library (and elsewhere in the school) have Internet access
and will be made available for IBP students to use? _________________________

IBPHS permission to offer the IBP

Will the consultation fee payable to the IBPHS Program Facilitator be covered by the
school or system / district? Yes ____________  No ____________

If “no”, how will this fee be covered? Please include written confirmation from the
authority in question and add as Attachment E.

Is funding available on an annual basis to undertake IBP Diploma professional
development for staff in need or teachers new to the program? Yes ________  No _______
If “yes”, please provide projections on the amount of funding and for how many teachers.
________________________________________________________________________
________________________________________________________________________

On what date do you wish to begin offering the IBP? (date) _______________________

Do you have any questions at this point in time that you would like to raise with the
IBPHS? (Add Attachment F if necessary.) _______________________________________
________________________________________________________________________
________________________________________________________________________

The person(s) who completed this application form should sign below.

Name(s): ________________________________________________________________

Title(s): _________________________________________________________________

Date: ________________________________ ____________________________________

The completed application form and supporting documentation should be returned to the
IBPHS Program Facilitator.
Dr. Arnold Heller
Program Facilitator
International Business Program for High Schools – IBPHS
5205 Perimeter Lofts Circle
Dunwoody, GA 30346
770-674-0158, 404-550-1199

The implementation fee shall be paid upon completion of the assessment visit.