

## Welcome to John C. Kimball High School Medical and Health Services Academy Application 2019-2020

#### **Basic Information:**

Student Name:				
	Last	First	Middle	
Home Address:				
	Street	City	Zip Code	
Home Phone Number:		Cell Pho	ne Number:	
Parent Email:				
What school do you currently attend?				
What is your designated/zoned high school? O Kimball O West O Tracy O Other				
What is your current 8 <sup>th</sup> grade math class? () 8 <sup>th</sup> Grade Math () Other				
Are you applying for AVID? O Yes O No				
Shirt Size: XS S	s m l xl 🗴			

#### Personal Statement: (Please Attach to Application)

Write a personal essay of no more than 2 paragraphs, and address the following question:

### Why do you want to be a part of the Medical and Health Services Academy?

#### **Expectations:**

Each student will be expected to follow certain rules and procedures in addition to the TUSD/Kimball High School Handbook. Please initial each statement.

\_\_\_\_\_I understand that Kimball High School's Medical and Health Services Academy is a 4-year commitment.

\_\_\_\_\_All courses in the Medical and Health Services Academy will take priority over other courses.

\_\_\_\_\_I will maintain a C or better in all classes, and attend tutoring if my grade(s) falls below a C.

\_\_\_\_\_I will follow the Medical and Health Services Academy dress code policy.

\_\_\_\_\_I understand that there may be Extra-Curricular Activities after school and on Saturdays.

Applicant				
I (print name) have read and agree to follow the rules and policies as outlined in the Medical and Health Services Academy application.				
Applicant's Signature: Date				
Parent/Guardian				
I/We (print name) have read, understand, and agree to follow the rules and policies as outlined in the Medical Health Services Academy application.				
Parent Name:Date:				
Parent Signature:Date:				

# Due December 18, 2018 by 4:30pm at KHS Administration Building