

HEALTH SCIENCE HIGH SCHOOL

EAST VALLEY ACADEMY

PREPARING STUDENTS FOR A HEALTH CARE PROFESSION

Application

Date: _____

Name (Last, First, Middle): _____

Address: _____ City: _____ ZIP Code: _____

Birth date: _____ Gender: Male Female

Current grade level: _____ Current School: _____

Area of health care interest: Doctor Nurse Technician Medical interpreter
 Veterinarian Dental Unsure Other _____

Language spoken in the home: _____

Please list any educational services that your child receives:

Are any of the student's siblings applying to the Health Science High School? Yes No

If yes, please indicate the sibling's name and grade level.

Sibling's name

Current grade level

Parent or Guardian Contact Information:

Name: _____

Relationship to student: _____

Home phone: _____ Work: _____

Cell: _____ E-mail: _____

For Office Use

Date and Time Received:

Status of Application: _____

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Parent Notification: _____

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PARENT AND STUDENT COMMITMENT LETTER

Parent Commitment

As the parent or guardian, I fully commit to the Health Science High School by:

- ◆ Ensuring that my child attends the Health Science High School regularly
- ◆ Ensuring that my child receives enhanced school-based assistance upon the teacher's recommendation
- ◆ Helping my child to the best of my ability
- ◆ Reviewing and monitoring the completion of my child's homework nightly
- ◆ Supporting the school's code of conduct and being available to address concerns with my child's teacher
- ◆ Ensuring that my child understands the need to abide by rules and regulations governing a field trip to a hospital or medical service center

I understand that failure to adhere to these commitments may lead to my child returning to his/her home school.

Parent or Guardian Name (Please print)

Parent or Guardian Signature

Date

Student Commitment

As a student, I fully commit to the Health Science High School by:

- ◆ Attending the Health Science High School regularly and arriving ready to learn
- ◆ Completing all homework assignments by the due dates
- ◆ Attending all recommended assistance sessions
- ◆ Being responsible for my own behavior and facing the consequences of my choices
- ◆ Abiding by school rules at all times and respecting the safety, interests and rights of all individuals
- ◆ Abiding by rules and regulations of any hospital or medical service center where I may visit

Student Signature

Date

APPLICATION PROCESS

The Health Science High School offers a unique career training path in the expanding health care industry. Students will earn a high school diploma while focusing on classes and clinical experiences in the health care field. This program will prepare high school students for the job market or continuing education.

Staff members will create a learning environment that fosters success through rigor, relevance and relationships. The curriculum will include a study skills framework, scientific inquiry methods, and communication and teamwork skills to help students succeed in high school and the health care profession.

A student who is interested in the Health Science High School should have a desire to pursue a career in the health care profession, be motivated to succeed in academics and have a strong work ethic.

HOW TO APPLY

- Complete this application (See Page 1)
- Parent and student must sign the Parent-Student Letter of Commitment (See Page 3)
- Parent must sign the Authorization for Disclosure or Release of Educational Records (See Page 4)
- Give a Student Profile to the student's English teacher
- Give a Student Profile to the student's Math teacher

Please return completed application materials to:

**Health Science High School
c/o East Valley Academy
Mesa Public Schools
1727 W. Main Street, Mesa, AZ 85201-6920
Fax: (480) 472-9393**

Information:

**Valeri Angus
Coordinator
(480) 472-9362
E-mail: vkangus@mpsaz.org**

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Parent Authorization for Disclosure or Release of Educational Records

I authorize and request the school or district named below to disclose or release the educational records of my child in accordance with the following information to the Health Science High School in the Mesa Public Schools.

Name of School: _____

Address: _____

City, State and Zip Code: _____

The student's entire file of educational records will be disclosed or forwarded except any records that I (the parent) designate to be withheld. Please DO NOT disclose or forward the following information:

A child's educational records file consists of a cumulative record with permanent record card and information regarding registration, scholastic record, attendance, test scores and district-level disciplinary reports; health record with immunization record or statement/certification of exemption and health log; psychological record; and transportation record.

Student's Name: _____

Birth Date: _____

Parent/Guardian [Print name]: _____

Address: _____

Daytime phone: _____ Other phone: _____

I understand that I have the right to inspect, copy or challenge the contents of the student records.

Parent Signature

Date

Please send records to:

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Mesa Public Schools
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Information: (480) 472-9362 E-mail: vkangus@mpsaz.org