

MEDICAL SCIENCE ACADEMY
VALENCIA HIGH SCHOOL

**APPLICATION FOR THE MEDICAL SCIENCE ACADEMY
9TH GRADE ACADEMIC YEAR- 2017-2018**

(Please print or type clearly)

The Medical Science Academy continually seeks to find committed individuals who have made a **personal** decision to explore the health care field.

Before any student is accepted into the Medical Science Academy, the student must first be accepted as a Valencia High School student and that being accepted into the Academy does NOT mean that an inter-district transfer has been granted. That is a separate process.

I am interested in being a part of the Medical Science Academy at Valencia High School

STUDENT'S NAME _____

HOME ADDRESS _____ HOME PHONE _____

CITY _____ STATE _____ ZIP _____

PRESENT SCHOOL _____

Please return this application to Valencia High School Attn: Mr. Monteleone – Medical Science Academy by March 31, 2017

1. AT THE PRESENT TIME, WHAT ARE YOUR EDUCATIONAL GOALS?

2. AT THE PRESENT TIME, WHAT ARE YOUR CAREER GOALS?

3. HOW WILL THE MEDICAL SCIENCE ACADEMY HELP YOU MEET YOUR EDUCATIONAL AND CAREER GOALS?

4. PLEASE LIST EXAMPLES CONCERNING HOW YOU HAVE PREPARED YOURSELF FOR A CAREER IN THE HEALTH CARE FIELD THUS FAR.

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5. ACTIVITIES- list any clubs, sports or other organizations with which you have been involved with in or out of school. (Possibilities include Scouting, church groups, or community service organizations.)

6. INTERESTS- List three things that you like to do in your spare time. In other words, tell us a bit about yourself.

7. CURRENT SCHEDULE- What classes are you currently enrolled in and what grades do you think you are receiving in those courses? What courses do you hope to take next year?

******* Please attach your junior high school transcripts and 8th grade attendance printout**

THE ENTIRE APPLICATION MUST BE FILLED OUT BEFORE REVIEW.

EACH APPLICATION MUST HAVE TWO COMPLETED RECOMMENDATION FORMS, FILLED OUT BY FORMER OR CURRENT TEACHERS, SEALED IN AN ENVELOPE AND ATTACHED TO THIS APPLICATION.

My signature below indicates that I give my consent to my son/daughter to register for the Medical Science Academy at Valencia High School.

Questions, please contact Mr. Monteleone at Valencia High School at 661-294-1188 x 707 or email at Jmonteleone@hartdistrict.org

PARENT'S/ GUARDIAN'S SIGNATURE

DATE

MEDICAL SCIENCE ACADEMY
VALENCIA HIGH SCHOOL

RECOMMENDATION FORM
VALENCIA HIGH SCHOOL MEDICAL SCIENCE ACADEMY
2017 – 2018

STUDENT NAME _____

SCHOOL _____

Dear Teacher/Counselor/Employer:

This student is applying for the Medical Science Academy Academic Core Program. Please complete the student rating form and make any comments in the space provided.

Please return this form SEALED IN AN ENVELOPE to the student as soon as possible since the deadline for submitting a completed application is March 31, 2017. Thank you in advance for your service to this student. Your opinion is of great value to us.

1. DAILY ATTENDANCE IS:

EXCELLENT (0-2 absences)	GOOD (3-4 abs.)	FAIR (5-8)	POOR (frequent)
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2. ON TIME TO BEGIN CLASS or WORK IS :

Always	Most of the time	Sometimes	Seldom
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3. COMPLETION OF PROJECTS/ JOBS ON TIME IS:

Always	Most of the time	Sometimes	Seldom
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4. PARTICIPATION AND INTEREST IN ACTIVITIES/JOB IS:

High	Very Good	Good	Fair
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5. Because the spaces available to students are limited, it is important that those selected have a commitment to complete the coursework. This means that the student needs to be at school every day, on time and with completed assignments. Based on your information, how would you recommend this student:

HIGHLY _____ RECOMMENDED _____

RECOMMENDED WITH RESERVATIONS _____

6. ADDITIONAL COMMENTS:

Reference Name: _____

Signature: _____

School Organization: _____

Date: _____ Phone and Extension: _____

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RECOMMENDATION FORM
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2017 – 2018

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SCHOOL _____

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6. ADDITIONAL COMMENTS:

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Date: _____ Phone and Extension: _____

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Dear Parent or Guardian:

Before any student is accepted into the Medical Science Academy, the student must first be accepted as a Valencia High School student and that being accepted into the Academy does NOT mean that an inter-district transfer has been granted. That is a separate process.

This letter is to inform you that your daughter or son has applied to join Valencia High Schools **Medical Science Academy** for the fall 2017 school term. We hope that you have had a chance to review the information brochure given to interested students. See <http://vhssportsmed.weebly.com/>

The Academy offers a traditional high school education while emphasizing medicine. It offers AP, Honors, and regular classes for students in grades 9 – 12. Academy students continue to be students of VHS will take the majority of their classes on our campus. However, in their senior year internships and CTE/CCR classes will require students to meet off campus. Students who sign up for these courses are expected to attend all class sessions unless the instructor is notified with a valid excuse. **Conflicts with other activities are NOT considered valid.** Students and parents should review the class schedules carefully, and notify the instructor, Mr. Monteleone, well in advance of any conflicts (e.g. Music and Drama productions, sporting events, and SAT testing) so that we can try to resolve them. Students are expected to be on time, wearing their Academy polo/shirt/scrubs, and prepared for the lesson. Students should remember that when off campus on Academy business, they are ambassadors in the community representing not only the Medical Science Academy, but Valencia High School as well. When taking courses not listed in the Academy Course of Study, students enrolled in VHS classes and included in all VHS activities. Academy benefits for students include: A record of a four-year commitment to a course of study; classes in line with student's interests; a chance for students to know some of their teachers outside the classroom, frequent social and educational events; exciting field trips; information about careers in medicine; experience working with professionals in their area of interest; and preparation for collegiate majors in medicine.

The Medical Science Academy requires students to: maintain satisfactory citizenship and 2.5 GPA in all their classes; get extra help from Academy members when achieving D's or F's in any class, and to participate in 50 Hours of Academy activities as described on the information sheet each semester starting their sophomore year. Students falling beneath a 2.5 GPA will be put on probation for the next semester where they can improve their GPA or be removed from the academy at the end of the probation semester.

Do you approve of your daughter or son being in our Medical Science Academy? YES or NO

Will you help your son or daughter meet the Academy requirements as stated above? YES or NO

Student's Signature _____ School Email _____

Student Cell Number _____

Please Print

Parent/Guardian Signature of Approval _____

Parent/Guardian Print Name _____ Date _____

Parent Phone Number: _____

Parent E-Mail _____

Circle: home or work