



**Welcome to John C. Kimball High School
Medical and Health Services Academy
Application 2020-2021**

Basic Information:

Student Name: _____

Last

First

Middle

Home Address:

Street

City

Zip Code

Home Phone Number: _____ Cell Phone Number: _____

Parent Email: _____

What school do you currently attend? _____

What is your designated/zoned high school? Kimball West Tracy Other _____

- If not zoned for Kimball High School Intra-District Transfer Request must be filled out.

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.

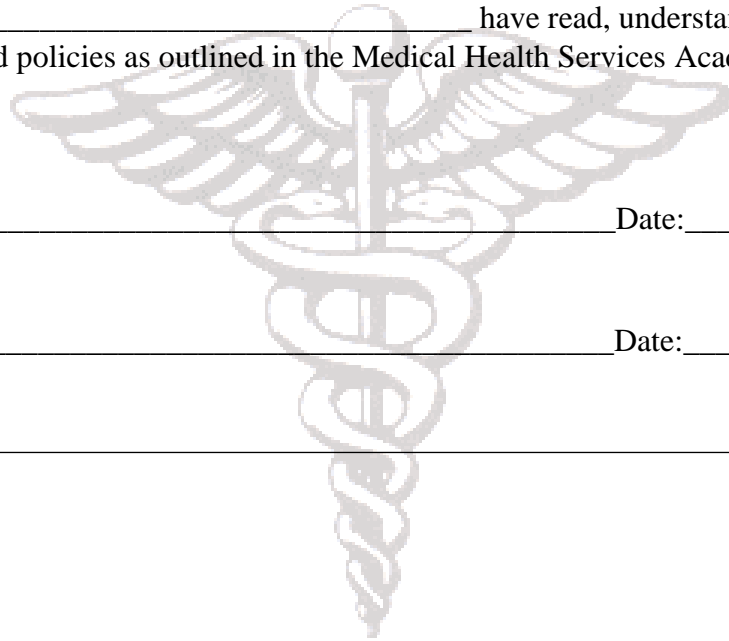
Applicant's Signature: _____ Date: _____

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 19, 2019 by 4:30pm
at KHS Administration Building**