



SCHOOL OF
**HEALTH &
BIOSCIENCES**

DELAWARE COUNTY TECHNICAL HIGH SCHOOL

701 Henderson Blvd
Folcroft, PA 19032
610-583-7620

Supplemental Admission Application for Medical Careers

Student Name _____ Date _____

Home Address _____

Home Phone _____ Cell Phone _____

Student email _____

High School _____ Present Grade _____

Courses taken during junior year:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Planned courses for senior year:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Extracurricular activities (school, community, employment):

_____	_____	_____
_____	_____	_____

Post-secondary educational and career goals:

The Delaware County Technical School and Medical Careers Supplemental applications should be submitted to DCTS through the home high school guidance department, along with the following documents: high school transcript, standardized test scores, attendance/discipline records. Follow the directions on the DCTS application for completion of a short essay.

Medical Careers requires a physical examination, proof of immunizations, proof of health insurance, tuberculin skin testing, influenza vaccination and child abuse/criminal background clearances. Additional information about these requirements and uniforms will be forwarded to the student after notification of acceptance to the program in June.

I support _____ for admission to the Medical Careers Program.
Student Name

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

SCHOOL COUNSELOR SIGNATURE

DATE

SCIENCE TEACHER SIGNATURE

DATE