

## **Manteca High School**

Health Careers Course

Application 2022-2023

### **Mission Statement of the Health Careers Pathway:**

1. Prepare students enrolled in the CTE courses to meet requirements for higher education at the community college, four-year college, apprenticeship, and other post-secondary training levels.
2. Provide learning opportunities outside the traditional classroom environment: Health care classes will be supplemented with guest speakers, field trips, job shadowing and internships related to in and outside of the health care industry.
3. HOSA Chapter participation will inspire, educate, and develop students who aspire to become excellent health care professionals through a student-led leadership organization.

### **Requirements of Health Careers Students: This is a FULL year course.**

- 1) Students MUST be 16 years of age.
- 2) Students MUST provide own transportation to and from Clinical site (Oct-May).
- 3) Students MUST complete a physical or submit a copy of sports physical for current school year.
- 4) Students MUST complete a 2 step TB test per facility policy.
- 5) Students MUST get flu shot per facility policy. (Potential Covid vaccine as per facility)
- 6) Students MUST follow Uniform requirements.
- 7) Students MUST abide by HIPAA per Facility policy
- 8) Students MUST abide by Cellphone policy (No cellphones on person when at facility).
- 9) Students MUST participate in extra-curricular activities including field trips, tutoring, and job shadowing.
- 10) Students MUST exhibit professionalism, integrity, excellent behavior, teamwork, and leadership while in the classroom, around campus and at clinical site.
- 11) Students MUST abide by all guidelines set forth in the Syllabus. Points are deducted when guidelines are not followed which can impact grade/citizenship.

### **Parental Permission:**

As a parent or guardian, I have read the basic requirements and I agree to let my son/daughter attend this program if accepted.

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**Signature of Parent/Guardian**

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**Date**

# Manteca High School Health Careers

## Student Information

Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone# \_\_\_\_\_

Parent/Guardian Names: \_\_\_\_\_

\_\_\_\_\_

Best time to call parents: \_\_\_\_\_

Language most frequently spoken at home: \_\_\_\_\_

Have any members of your immediate family ever attended college? \_\_\_\_\_

1) Explain why you are applying for the Health Careers Course. What are your goals? What are your interests?

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2) What are your plans after graduating from High School?

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3) Please attach a copy of your most recent report card. Please ask two of your teachers to complete a recommendation form. These recommendations are confidential and should be in a sealed envelope and turned in all together.

4) Do you have a Driver's License \_\_\_\_yes \_\_\_\_no Issue date\_\_\_\_\_

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

# Manteca High School

## Health Careers Course Recommendation Form (Please Print)

Student Name: \_\_\_\_\_

Please rate the applicant on a scale of 1 to 5 in the following areas, 5 being the highest.

\_\_\_\_\_ Motivation to Learn  
\_\_\_\_\_ Study Habits  
\_\_\_\_\_ Interest and enthusiasm  
\_\_\_\_\_ Academic ability  
\_\_\_\_\_ Ability to work with others  
\_\_\_\_\_ Imagination and creativity

### 1. Daily Attendance:

Excellent\_\_\_\_\_ Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor\_\_\_\_\_

- Any special circumstance for absences:

\_\_\_\_\_  
\_\_\_\_\_

### 2. Arrival for class is generally on time:

Always\_\_\_\_\_ Most of the time\_\_\_\_\_ Sometimes\_\_\_\_\_ Seldom\_\_\_\_\_

### 3. Completion of class assignments and homework and is completed and submitted on time:

Always\_\_\_\_\_ Most of the time\_\_\_\_\_ Sometimes\_\_\_\_\_ Seldom\_\_\_\_\_

Name of person completing this recommendation:\_\_\_\_\_

Title:\_\_\_\_\_ Phone number:\_\_\_\_\_

\_\_\_\_\_  
Signature Date

(Please return this form SEALED IN AN ENVELOPE to the student)

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Signature Date

**(Please return this form SEALED IN AN ENVELOPE to the student)**