

Name: _____

Grade: _____



War Eagles Soaring to Build a Healthy Community

2024-2025 Application

Due April 5th– submit to Guidance office

2024-2025 STUDENT/PARENT MEDICAL ACADEMY CONTRACT

The Wakulla High School Medical Academy is planned to develop a student academically, technically, and socially. In doing this, there are definite rules that must be followed and responsibilities that must be assumed to carry out the objectives of the program. The student agrees to abide by the following guidelines as a condition to participate in Wakulla High School’s Medical Academy:

- Adhere to the school code of conduct in reference to both in-class and off-campus activities.
- Maintain punctual and daily attendance throughout school term
- Maintain an overall GPA of 2.0; with a grade of “C” or higher in all academic courses, including a “C” or higher in all medical core courses
- Students placed on probation for two consecutive years for the same offense may be removed from the academy.
- Work cooperatively, productively, and independently when required.
- Be self-disciplined and accept guidance, counseling and constructive criticism from the academy instructors/coordinators and job site supervisor cheerfully, without contempt.
- Must follow the Medical Academy Dress Code, as well as the Wakulla High Dress Code. (This includes Professional Dress Days, Clinicals and/or anytime representing Wakulla High School’s Medical Academy)

MY CHILD AND I HAVE DISCUSSED THIS APPLICATION AND UNDERSTAND THE CONTRACT REQUIREMENTS LISTED FOR THE WHS MEDICAL ACADEMY.

Signature of Parent/Legal Guardian: _____ Date _____

I HAVE READ AND UNDERSTAND THAT I AM RESPONSIBLE FOR FOLLOWING THE CONTRACT REQUIREMENTS LISTED FOR THE WHS MEDICAL ACADEMY.

Student Signature _____ Date _____

CTE Nondiscrimination Statement:

Wakulla County School District offers the following career and technical programs, including career academies wherein students may earn industry certification on the Wakulla High School Campus: *Aerospace, *Phlebotomy, Engineering Academy, Medical Academy, Cosmetology, Digital Design, *Culinary Arts, *Architecture & Construction, *HVAC, *Automotive Service Technology and *Applied Welding Technologies. *Denotes secondary and post-secondary courses offered. All post-secondary courses are offered on the Wakulla High School campus and students earn high school credit. Post-secondary courses are offered on the Wakulla High School campus or Lively Technical Center and students earn college credit.

The district prohibits discrimination in the terms and conditions of employment, and in access to educational programs and activities, and prohibits harassment of any individual or group on the basis of race, color, national origin, religion, sex, age, disability, marital status, sexual orientation or genetic information (and other protected classes included in the district’s nondiscrimination policies).

Lack of English language skills will not be a barrier to admission and participation. The district may assess each student’s ability to benefit from specific programs through placement tests and counseling, and, if necessary, will provide services or referrals to better prepare students for successful participation.

The designated Equity Coordinator, Title IX and Section 504 Compliance Coordinator as required by 34 C.F.R. 100.6(d) is Lori Sandgren, Executive Director of Human Resources, 69 Arran Road, Crawfordville, Florida 32327; (850)926-0065; lori.sandgren@wcsb.us.

**WHY HAVE YOU DECIDED TO JOIN OR CONTINUE TO PARTICIPATE IN THE MEDICAL ACADEMY?
PLEASE INCLUDE ANY OTHER INFORMATION THAT YOU FEEL THE SELECTION COMMITTEE SHOULD KNOW
ABOUT YOU.**

(You may attach additional page(s), if you need more space to complete your writing sample)

2024-2025 Medical Academy Math Teacher Recommendation

When filling out this recommendation, please be mindful of the student's work habits, attendance, discipline, and commitment to academic success.

Math Teacher's Name: _____ Current Math Course: _____

Do you know of any reason this student should not be considered for Medical Academy enrollment? YES NO

STUDENT NAME: _____	Excellent	Good	Fair	Poor
Self-Motivation				
Classroom Attendance				
Behavior				
Homework				
Ability to collaborate with other students				

Teacher signature indicates that you currently teach this student and that you, the teacher, believe this student is capable of successful completion of the program.

Teacher's Signature: _____ Date: _____

2024-2025 Medical Academy English Teacher Recommendation

When filling out this recommendation, please be mindful of the student's work habits, attendance, discipline, and commitment to academic success.

English Teacher's Name: _____ Current English Course: _____

Do you know of any reason this student should not be considered for Medical Academy enrollment? YES NO

STUDENT NAME: _____	Excellent	Good	Fair	Poor
Self-Motivation				
Classroom Attendance				
Behavior				
Homework				
Ability to collaborate with other students				

Teacher signature indicates that you currently teach this student and that you, the teacher, believe this student is capable of successful completion of the program.

Teacher's Signature: _____ Date: _____