



**Welcome to John C. Kimball High School
Medical and Health Services Academy
Application 2025-2026**

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 _____

What is your current 8th grade math class? 8th Grade Math Other _____

Are you applying for AVID? Yes No

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?

Report Card: Please attach your latest report card to your application.

Expectations:

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 understand that if my home school is not KHS and I leave or am removed from MHSA that I will no longer be able to remain at KHS and will return to my zoned school.**

_____ I understand that during my career in the Medical and Health Services Academy, I will be EXPECTED to follow any/all rules regarding confidentiality and HIPAA (**Health Insurance Portability and Accountability Act**).

_____ 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.

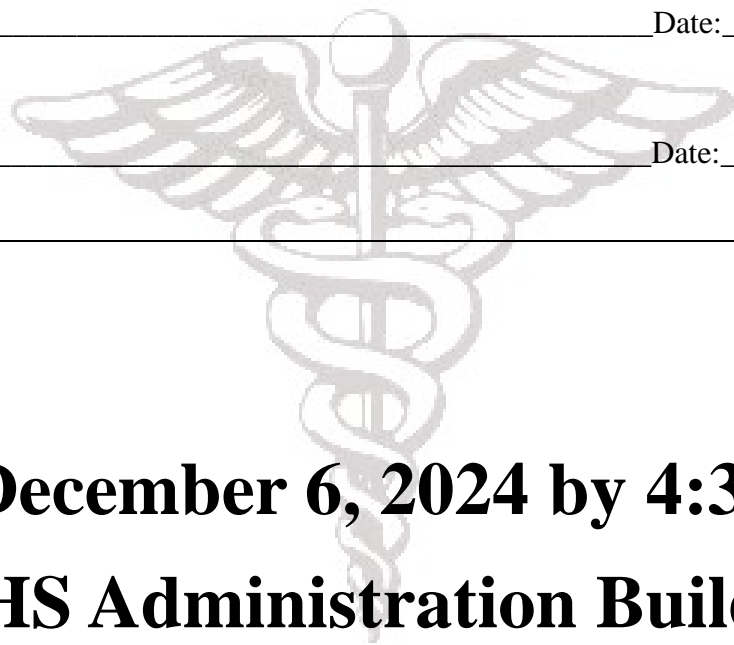
Applicant's Signature: _____ Date: _____

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 6, 2024 by 4:30pm at
KHS Administration Building**