



# John C. Kimball High School's Medical & Health Services Academy



## Application Cover Page

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

*Last*

*First*

*Middle*

In order for an application to be considered complete, the following paperwork and documentation is required to be turned in together, and must be received in-person by the KHS Counseling office by **December 12, 2025, by 4:00PM.**

- Application Cover Page
- Application
- Reference Forms (Math & Science)
- Personal Statement (Typed)
- Report Card(7<sup>th</sup> & 8<sup>th</sup> Grade)
- MHSA Course Selection Sheet
- (If applicable) Intra-District Transfer Form (Typed)

### **Applicant**

I (print name) \_\_\_\_\_ have read and agree to follow the rules and policies as outlined in the Medical Health Services Academy application.

I further acknowledge that this is a 4-year commitment.

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: \_\_\_\_\_