Welcome to John C. Kimball High School
Medical and Health Services Academy
Application 2026-2027

Basic Information:

Student Name: _____

Last First Middle

Home Address: _____

Street City Zip Code

Home Phone Number: _____ Cell Phone Number: _____

Primary Contact 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 to other academies? No Yes (Which ones? _____)

Personal Statement: (Please Attach to Application)

Type 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 7th & 8th grade 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.**

_____ **I understand that I may be revoked if I do not demonstrate satisfactory grades, attendance, and behavior.**

_____**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.