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 4, 2026, by 4:00PM.**

- ☐ Application Cover Page
- ☐ Application
- ☐ Reference Forms (Math & Science)* Must be attached
- ☐ Personal Statement (Typed)
- ☐ Report Card(7th & 8th Grade) or transcript
- ☐ Attendance and disciplinary Records * Must be attached
- ☐ MHSA Course Selection Sheet
- ☐ (If applicable) Intra-District Transfer Form (online)

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: _____

Welcome to John C. Kimball High School
Medical and Health Services Academy
Application 2027-2028

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, Algebra, Other: _____

Are you applying to other academies? No Yes (Circle one) Ag Sci SEA IB Other

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 or transcript to your application.

***NOTE:** **Test scores and other documents are not needed and will not be accepted.**

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.

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:_____

***Admission to MHSA is determined by a committee through a holistic review of each applicant's academic performance, attendance, and discipline records. All applicants are considered fairly and without discrimination in accordance with applicable district policies. Meeting the program's eligibility requirements does not guarantee admission, as space is limited and placement is determined by the committee. Applicants who are not selected, may be placed on a waitlist however waitlist placement does not guarantee future admission to the program. Waitlist information, including applicant placement and ranking, is confidential and will not be shared or discussed.**

Due December 4, 2026 by 4pm at KHS Administration Building

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

Student Evaluation

Student Name: _____

Teacher Name: _____ **Subject: MATH** _____

Directions: Please mark the box that best matches your assessment of this student in each area. While comments are not required, they can prove enormously helpful in a very competitive process.Your individual marks and comments are NEVER shown to the student or parents, to maintain confidentiality.

Please be sure to put in a sealed envelope for student to include in their application.

*EMAILS WILL NOT BE ACCEPTED

	Below Average	Average	Above Average	Excellent
Academic Potential				
Academic Achievement				
Motivation to Learn				
Interest in Math				
Character (Integrity, respect, etc.)				

Additional Comments: _____

_____

_____

Teacher Signature: _____ **Date:** _____

Contact Email: _____

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

Student Evaluation

Student Name: _____

Teacher Name: _____ **Subject: SCIENCE** _____

Directions: Please mark the box that best matches your assessment of this student in each area. While comments are not required, they can prove enormously helpful in a very competitive process.Your individual marks and comments are NEVER shown to the student or parents, to maintain confidentiality.

Please be sure to put in a sealed envelope for student to include in their application.

*EMAILS WILL NOT BE ACCEPTED

	Below Average	Average	Above Average	Excellent
Academic Potential				
Academic Achievement				
Motivation to Learn				
Interest in Math				
Character (Integrity, respect, etc.)				

Additional Comments: _____

_____

_____

Teacher Signature: _____ **Date:** _____

Contact Email: _____

Kimball High School 2027-2028

9th Grade Course Selections
MHSA

Please review the course catalog for course descriptions:
https://kimballhigh.tracy.k12.ca.us/academics-programs/counseling

Last Name (Print) | First Name (Print) | Student ID Number | Middle School Name

SUBJECT	COURSE #	COURSE TITLE	TEACHER SIGNATURE
English	**1016**	**Adv. English 9 MHSA**	
Math			
Science	**3164**	**Enhanced Biology MHSA**	
P.E.			
MHSA Elective	**3440**	**Health Concepts**	
Elective: Spanish, or Fine Art			
Elective (Alternate 1)			
Elective (Alternate 2)			
Elective (Alternate 3)			

- Be sure to list three **Elective Alternates**! If you do not list **Elective Alternates**, your counselor will choose for you, which you WILL NOT be able to change.
- Any student classified as an English Learner will be assigned to a designated ELD course, taking place of one top elective.
- I understand the additional rigor involved in Advanced/Enhanced/AP classes and that they may include summer assignments._____(Student Initials) _____(Parent Initials)
- I understand that all summer courses taken before the 1st day of 9th grade must be pre-approved and meet all guidelines outlined in the 27-28 course catalog. _____ (Student Initials) _____ (Parent Initials)
- Class sections are based on student interest. Low enrollment may result in the class not being offered.

I agree with the course selections listed above.

I UNDERSTAND THAT WHEN MY STUDENT'S SCHEDULE IS FINALIZED, IT WILL NOT BE CHANGED.

Student Signature | **Date** | **Parent/Guardian Signature** | **Date**

DUE 12/4/26 by 4:00pm with application

IEP Case Manager Approval (if applicable)

Kimball High School 2027 - 2028

9th Grade Course Selections
MHSA

Please review the course catalog for course descriptions:
https://kimballhigh.tracy.k12.ca.us/academics-programs/counseling

ENGLISH

- O 1016 – ADV. English 9 MHSA*

MATHEMATICS – Choose 1

- O 2052 – Algebra 1*
- O 2103 – Geometry*
- O 2093 – Algebra 2*
- ➢ 2200 – ADV Algebra 2*
- ➢ 2040 – ADV Math*
- ➢ 2138 – AP Precalculus*

SCIENCE – Choose 1

- O 3164 – ENH Biology*

PHYSICAL EDUCATION – Choose 1 **(Signatures required for Personal Fitness and Weight Training)**

- O 9001 – Core 9 Physical Education
- O **9106 – Freshman Personal Fitness (Signature Required)**
- O **9422 – Freshman Weight Training (Signature Required)**

ELECTIVE OPTIONS – Choose 1 Electives and 3 Elective Alternates

- O 4033 – Spanish 1*
- O 4153 – Spanish 2*
- O 6093 – Symphonic Band*
- O 6103 – Orchestra*
- O 6113 – Jazz Band*
- O 6153 – Beginning Choir*
- O 6100 – Piano Keyboarding*
- O 6102 – Guitar Orchestra *
- O 6042 – Drama 1*
- O 6003 – Art & Design*
- O 6025 – Multicultural Art & Design*
- O 6036 – Intro to Animation*
- O 6030 – Intro to Graphic Arts*
- O 6048 – Digital Photography *
- O 5903 – Intro to Creative Writing *
- O 6040 – Media Productions*
- O 8490 – Student Govt * **(Application Required)**
- O 6031 – Yearbook* (**Application Required**)
- O **4558 – Intro to Computer Science*** **(Must have completed Algebra 1)**
- O 4503 – Computer Applications
- O 4586 – Intro to Law*
- O 6000 – Entrepreneur *
- O 5501 – Consumer Home Economics*
- O 5300 – Modern Carpentry
- O 5123 – Technical Drawing
- O 6056 – Video Game Design*
- O 6061 – Speech and Debate*
- O **8229 – Vocational Education Skills (IEP)**
- O **8308 – Academic Support (IEP)**

** UC/CSU Approved A-G Course*
+ Pending A-G Course Approval
(IEP) Requires IEP Case Manager Recommendation