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