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: _____