

2020-2021 School Year

Health Science Academy
Application



Candidate Name: _____

Application Packet

- Application Cover Page
- Academy Candidate Information
- Academy Candidate Reflection Questions
- Recommendation Form from **English or Math Teacher** (Form will be return by teacher to Mrs. Carson)
- Recommendation Form from **other Subject Area Teacher** (Form will be return by teacher to Mrs. Carson)

****Please note: Turning in this application does NOT guarantee acceptance into the academy. ****

Application Packet is due by **March 16, 2020** to the Counseling Office- Mrs. Kawaichi or Mrs. Carson or Mrs. Behniwal in Mo15/Mo16.* (preferred)

Academy Candidate Information:

Last Name		First Name		Student ID number	
Home Street Address				Home Phone Number	
City		State	ZIP		Best time to call parents
Does the student live with both parents? Circle YES or NO			Do the parents speak English? Circle YES or NO		
If no, whom does the student live with?			If no, what language do they speak?		
Mother's Name (or legal guardian)			Father's Name (or legal guardian)		
Mother's Work (if applicable)			Father's Work (if applicable)		
Mother's Work Phone			Father's Work Phone		
Highest Education Level of Mother (or guardian) (check only one) <input type="checkbox"/> Non-high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> post-graduate <input type="checkbox"/> Other (please explain)			Highest Education Level of Father (or guardian) (check only one) <input type="checkbox"/> Non-high school graduate <input type="checkbox"/> High school graduate <input type="checkbox"/> Some college <input type="checkbox"/> 4-year college graduate <input type="checkbox"/> post-graduate <input type="checkbox"/> Other (please explain)		
<p>I have honestly completed all parts of the application and understand the basic commitments and expectations of me if I am accepted to the Health Science Academy. Additionally, I have discussed the Health Science Academy with my parents/guardians. I have informed them of my interest in participating in the Health Science Academy and ask them if they are supportive of my decision. Obtain their signature at the end of this application to confirm their support. <u>**0 Period is required for 2 years in the academy.**</u></p>					
Student Signature			Parent Signature		



Academy Candidate Reflection Questions:

Why are you interested in becoming a member of the Health Science Academy?

Describe a person you admire (they may be someone you know personally or a significant cultural figure). Why do you admire them?

Describe your ideal school day. What kinds of interactions, work, subjects, and accomplishments would you look forward to in your perfect school day?

Describe your personality. What are a few characteristics you would use to describe yourself? How would your friends describe you?

What are your goals after you graduate from high school?

Note to teachers: This student is applying to Health Science Academy (HSA). This academy is not just designed for just top academic students; it is for all students who are interested in the health or medical field. Thank you in advance for your help & for returning this in a timely manner! Please staple or tape closed and drop the form to **MO15** or put in **Chloe Carson's mailbox** or you can email to: Chloe.Carson@oxnardunion.org

Please fill out the comment sections. The comments are helpful when we are making our decisions on acceptance or denial to the academy.

Name of Student:		Student ID:		
Teacher Name:		Course:		
Rating: Please circle the descriptors that most accurately describe this student. <u>1 is the lowest, 5 is the highest</u>				
1 - NO	2	3 - fairly	4	5 - YES
<u>Academic potential:</u> Does this student have the potential to succeed in a rigorous academic environment?				
1	2	3	4	5
<u>Work Habits:</u> Does this student demonstrate consistent effort in your class?				
1	2	3	4	5
<u>Attendance Patterns:</u> Is this student regularly in class and on time?				
1	2	3	4	5
<u>Interpersonal skills:</u> Does this student relate well with other students in the class; both in a group setting and one on one?				
1	2	3	4	5
<u>Responsibility:</u> Would you expect this student to be responsible off-campus?				
1	2	3	4	5
<u>Overall Recommendation for the Health Science Academy:</u> Would you recommend this student to the Academy?				
1	2	3	4	5

Additional comments on this student:

Teacher Recommendation for Health Science Academy

Note to teachers: This student is applying to Health Science Academy (HSA). This academy is not just designed for just top academic students; it is for all students who are interested in the health or medical field. Thank you in advance for your help & for returning this in a timely manner! Please staple or tape closed and drop the form to M015 or put in Chloe Carson's mailbox or you can email to: Chloe.Carson@oxnardunion.org

Please fill out the comment sections. The comments are helpful when we are making our decisions on acceptance or denial to the academy.

Name of Student:		Student ID:		
Teacher Name:		Course:		
Rating: Please circle the descriptors that most accurately describe this student. <u>1 is the lowest, 5 is the highest</u>				
1 - NO	2	3 - fairly	4	5 - YES
<u>Academic potential:</u> Does this student have the potential to succeed in a rigorous academic environment?				
1	2	3	4	5
<u>Work Habits:</u> Does this student demonstrate consistent effort in your class?				
1	2	3	4	5
<u>Attendance Patterns:</u> Is this student regularly in class and on time?				
1	2	3	4	5
<u>Interpersonal skills:</u> Does this student relate well with other students in the class; both in a group setting and one on one?				
1	2	3	4	5
<u>Responsibility:</u> Would you expect this student to be responsible off-campus?				
1	2	3	4	5
<u>Overall Recommendation for the Health Science Academy:</u> Would you recommend this student to the Academy?				
1	2	3	4	5

Additional comments on this student: