

Health Science Program Student Application Form

--- Application MUST be typed in order to be considered ---

Directions:

Complete application in its entirety, print and bring to one of the Mandatory Health Science Meetings.

*Disclaimer: Submission of the application does not guarantee placement in the Health Science Hospital Rotation Course. The number of students placed in the Hospital Rotation course is dependent upon the partnership agreement with the Health Care Facilities within the community - Only complete applications will be considered.

Student Information:

Student Name _____ Student ID # _____
Date of Birth _____ Gender Male Female
Home Campus _____ Current Grade Level _____
Home Phone # _____ Cell Phone # _____
Mailing Address _____
(Street Address)

(City) (State) (Zip Code)
Email _____

Parent/Guardian Information:

Parent/Guardian Name _____
Father Mother Other _____
Cell Phone # _____ Work Phone # _____
Mailing Address _____
(Street Address)

(City) (State) (Zip Code)
Email _____

Parent/Guardian Name _____
Father Mother Other _____
Cell Phone # _____ Work Phone # _____
Mailing Address _____
(Street Address)

(City) (State) (Zip Code)
Email _____

Required Teacher Recommendations: Must provide three (3) teachers for references along with your HS counselor. Include the teacher's name and email address.

Math or Science Teacher's Name _____ Email _____
Principles of Health Science Teacher's Name _____ Email _____
Student Choice Teacher's Name _____ Email _____
HS Counselor's Name _____ Email _____

Student Self-Assessment: Answer the following questions in sentence form.

- 1) Briefly explain any disciplinary actions in regard to attendance, grades, and/or behavior within the school setting or outside of the school setting within the past year, if applicable.

- 2) Briefly explain the importance of presenting a professional image as a student in this program.

Student Short Answer:

Directions:

1. List three (3) to five (5) expectations of what you are hoping to learn from this course
2. Explain how they will help you in the future
3. Each answer should use correct grammar and spelling

Statement of Understanding:

I certify that all the information in this application is complete and accurate; I also understand that submission of the application does not guarantee placement in the Health Science Hospital Rotation course.

Student Signature

Date

Parent/Legal Guardian Signature

Date

Parent/Guardian Authorization:

By signing this document, I state that _____ possesses the necessary maturity to participate in the Health Science Course. I will ensure that he/she adheres to all policies and procedures.

(Student Name)

Parent/Legal Guardian Signature

Date

Release of Records Authorization Form:

My signature below provides authorization to release any required scholastic, attendance, discipline, and health information to Denton ISD health Science Program as a component of my application to participate in the hospital rotations.

Student Signature

Date

Parent/Legal Guardian Signature

Date

Denton ISD does not discriminate on the basis of race, religion, color, national origin, sex, or disability in providing education or access to benefits of education services, activities and program, including vocation programs, in accordance with Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Educational Amendments of 1972; Section 504 of the Rehabilitation Act of 1973, as amended; and Title II of the Americans with Disabilities Act. Inquiries regarding these policies should be directed to the Executive Director of Human Resources (940) 369-0000.