



Health Academy Interest Form- For 9th and 10th grade students

Student Name: _____ Student number _____ Grade Level this year: _____

Are you currently in Exploring Health? _____

Current Schedule: Please give room numbers 1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

T-Shirt Size: Women or Men's style _____ Small, Medium, Large, XL or XXL _____

Parent/Guardian's Phone _____ Student Cell Phone _____

For grant purposes: What ethnicity do you most closely identify with? _____

What Future Health Career do you think you are interested in OR why do you want to join the Health Academy?

Have you received any referrals this year? _____ If so, why? _____

Do you have a sibling or relative has been in the Health Academy? _____ If so, who? _____

What is your current Science class? _____

What are your current Electives? _____

Circle your English class: Regular Honors

Did you participate in HOSA or a Health Career Program in Middle School? _____

Please be aware that the Health Academy is a special program for students who want a health related career. It has requirements above and beyond the regular school program such as community service, dress code enforcement and professionalism which counts attendance. If you are accepted into the program you will be asked to have your parent sign the Health Academy Contract that explains the requirements of the program.

Parent/Guardian Approval is required for this program. Please review the attached materials prior to signing this interest form giving your student permission to apply for the Health Academy Pathway.

Parent/ Guardian Name (Printed)	Parent/Guardian Signature	Date
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Interview passes will go out the last week in January for a group meeting with Mrs. Dolan