



PARSONS HEALTH SCIENCE ACADEMY CHARTER SCHOOL

Program Application Date _____

APPLICANT INFORMATION			
Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Birth Date	Social Security No.		
Are you receiving Special Education Services YES <input type="checkbox"/> NO <input type="checkbox"/>			
Parent/Guardian Name(s)			
Where did you attend school last year?			
Do you have any health issues that require special accommodations? YES <input type="checkbox"/> NO <input type="checkbox"/> If yes, explain			

EDUCATION			
High School		Address	
From	To	Best Classes	Explain
Other		Address	
From	To	Best Classes	Explain
Other		Address	

REFERENCES	
<i>Please list three professional references.</i>	
Full Name	Relationship/ Job Title
Address	Phone ()
Full Name	Relationship/ Job Title
Address	Phone ()
Full Name	Relationship/ Job Title
Address	Phone ()

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Hours/Week		
Responsibilities			
From	To	Reason for Leaving	
Company		Phone ()	
Address		Supervisor	
Job Title	Hours/Week		
Responsibilities			
From	To	Reason for Leaving	

ADDITIONAL INFORMATION

How many days were you absent from school last year? _____ Days.
If more than 6 days, why?

What are your reasons for wanting to enroll in Parsons Health Science Academy Charter School?

What academic classes have you taken to prepare you for this course of study in Health Sciences?

Are you interested in doing some of your class work beyond normal school hours? YES NO

Do you have your own transportation to do clinical and work site visitations?
(Junior/Senior Only) YES NO

Please list, in order of preference, four types of health occupations in which you have an interest.

1.	3.
2.	4.

DISCLAIMER AND SIGNATURES

I certify that my answers are true and complete to the best of my knowledge. I understand that this application is void if information is not true and correct. If accepted into the academy, I agree to be a credit to the Health Science Academy Program and will follow its rules and regulations. My parents are in agreement with the application. I understand that if my conduct is not that of what is expected by rules and regulations it may result in my release from the program.

Student Signature: _____ Date _____

Parent Signature: _____ Date _____