

MENOMONEE FALLS HIGH SCHOOL

# Healthcare Academy Application

## Class of 2021



Student Name: \_\_\_\_\_ Age: \_\_\_\_\_

Grade: \_\_\_\_\_

INFORMATION			
<i>Parent(s) name</i>		<i>Best phone</i>	
<i>Parent/guardian(s) email</i>			
LEGAL PARENT/GUARDIAN: PLEASE READ AND SIGN			
<p>I understand that my son/ daughter is interested in enrolling in the Healthcare Academy beginning sophomore year. I understand that the courses, like the healthcare industry standards, are rigorous, and are therefore taught at the honors level. I understand that the academy requires a three-year commitment, and I am willing to support my son or daughter in the program in his or her endeavors, which at times, may require transportation.</p>			
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Parent signature		Date	
STUDENT APPLICANT: PLEASE READ AND SIGN			
<p>I understand that as a student in this program, I am making a three-year commitment, and I need to maintain good grades in the Academy classes as well as my other classes. I understand that the courses, like the healthcare industry standards, are rigorous and taught at the honors level. In all settings, I understand that I need to follow school and/or agency rules.</p>			
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Student signature		Date	

Please return this completed form by **Friday, January 26, 2018**, to one of the following MFHS Healthcare Academy Team Members: **Dana Kopatich, Beth Larson, Denise Killian-Janicek, or Jennifer Tarcin.**