



**Application Due: 9-30-20**

Health Sciences Academy  
1058 Moye Blvd  
Greenville, NC 27834  
Phone: (252) 830-4257  
Fax: (252) 830-4270

## HEALTH SCIENCES ACADEMY APPLICATION PRIVATE/HOMESCHOOL STUDENTS TRANSFERRING INTO PCS

This application is for **current 9<sup>th</sup> grade students** interested in admission into the Health Sciences Academy. Students will be evaluated on their academic standing and discipline history. All applicants will be notified concerning their admission status *via letter and email*. All decisions made by the Health Sciences Academy staff are final.

*Please Print & Complete All Information.*

Current Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Student Name \_\_\_\_\_ School ID Number \_\_\_\_\_

Gender (circle): *First* Male Female *Middle* **Current School** *Last* *Preferred Name* **Adult T-shirt Size** \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Student Cell: \_\_\_\_\_ Parent Cell: \_\_\_\_\_ Alternate Parent Cell: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Student Email: \_\_\_\_\_ Alt. Student Email: \_\_\_\_\_

Parent Email: \_\_\_\_\_ Alt. Parent Email: \_\_\_\_\_

**Ethnicity** (please circle – used only for statistics and data collection):

African-Am. Am. Indian Asian Caucasian Hispanic Multiracial Other

**High School you plan to attend next year:** \_\_\_\_\_

Do you give the Health Sciences Academy permission to use your photo in it's publications, social media and/or website? **YES NO**

### **REQUIRED STUDENT ESSAY:**

Students are required to submit a written essay, no longer than 1 page, introducing yourself to the Academy staff, providing your future career goals and why you are interested in the Health Sciences Academy. The completion of this essay is required for the application to be complete and considered for admission; however, this essay is not being critiqued on writing style and will not be scored for admission purposes. The essays will be used to help provide the students with productive opportunities and experiences that the students will benefit from in the future.

### **REQUIRED PARENT SIGNATURE:**

*Please sign below acknowledging that you have read and give permission for the following:*

*I give permission for the release of my student's records to the Health Sciences Academy. **I understand that all applications are due to the HSA office by Wednesday, September 30, 2020 to be considered for 2020-2021 school year admission.** If accepted in the Health Sciences Academy, your child may be used in our publications or presentational materials. By signing below, you acknowledge that you are aware of these media opportunities. You also understand that you have the right to request that your child's information not be published by submitting a written request informing the Health Sciences Academy staff of your wishes and what restrictions you are requesting in regards to publications, presentations, and/or media coverage.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Please include a copy of your report cards from 7<sup>th</sup> grade and the most recent from the 8<sup>th</sup> grade. You should be able to get these from your school's counselor.

**Please read the contract on the back of this page and sign to confirm acceptance of the expectations and guidelines of the HSA.**

It shall be the policy of Pitt County Schools to provide equal educational opportunities to all students regardless of race, color, national origin, sex or handicap.

**Return completed applications to the HSA office at 1058 Moye Blvd. Greenville, NC 27834.**

## **HEALTH SCIENCES ACADEMY PARENT-STUDENT CONTRACT**

**To be a member of the Health Sciences Academy, I agree to the following terms:**

**Student Section:**

1. Maintain a minimum of a 3.0 weighted grade point average by the conclusion of my sophomore year, and do not allow my GPA to drop below the 3.0 standard for the remainder of high school.
2. Complete a minimum of 25 hours of volunteer service each year in high school at approved locations, totaling a minimum of 100 hours of service by the end of 12<sup>th</sup> grade. Of the 100 total, 25 hours must be in a healthcare setting. All hours must be turned in by the deadline that is set by the Academy staff each year.
3. Successfully complete 6 courses from the HSA course list by the end of 12<sup>th</sup> grade.
4. Actively participate in events sponsored by the Academy and its partners for Health Sciences Academy students.
5. Behave in a respectful, professional manner that is befitting of a future healthcare professional. This includes not violating the Rules of Student Conduct, as defined in the Code of Student Conduct. Out of school suspensions or forgery/dishonesty on any Health Sciences Academy documentation are grounds for immediate removal from the program.
6. Inform the Health Sciences Academy in writing if I no longer want to be a part of the program.

I am aware that failure to abide by any part of this contract will lead to my immediate removal from the Pitt County Schools' Health Sciences Academy and exclusion from the benefits of being a member.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Student Name (print)**

\_\_\_\_\_  
**Date**

**Parent/Guardian Section:**

1. Notify the Health Sciences Academy of any changes in our mailing address or phone number or if my student will be transferring to another school.
2. Provide for my student transportation to and from Health Sciences Academy events on time or call if there is an emergency.
3. Support the Health Sciences Academy staff in their attempt to make sure my student reaches his/her goal of a career in health care. This includes being actively involved in making sure that my student is:
  - Working hard to keep his/her grades up, and seeking assistance if needed
  - Volunteering, realizing the importance of giving back to the community
  - Conducting himself/herself appropriately at school and being respectful of peers and teachers.
4. Read and understand the requirements and guidelines in student section of this agreement that my child has agreed to meet and the consequences of not meeting these requirements.

\_\_\_\_\_  
**Parent/Guardian Signature**

\_\_\_\_\_  
**Parent/Guardian Name (print)**

\_\_\_\_\_  
**Date**

**Return completed applications to the HSA office at 1058 Moye Blvd. Greenville, NC 27834.**