



HEALTH SCIENCES CHARTER SCHOOL NAF ACADEMY APPLICATION FORM



RETURN COMPLETED FORM TO GUIDANCE BY JUNE 1

Form Must Be Signed by Student, Parent or Guardian, Recommending Teacher, and NAF Teacher				
STUDENT INFORMATION				
Student's Last Name:		First Name:	Student ID #:	Date of Birth:
Home Phone #:	Cell Phone #	Email:		Gender: <i>(circle one)</i> M/F
Address: (Address/P.O. Box, City, State, Zip Code)				
Which of the 5 Health Careers Pathways are you most interested in: <i>(check one)</i> <input type="radio"/> Therapeutic Services <input type="radio"/> Diagnostic Services <input type="radio"/> Health Informatics <input type="radio"/> Support Services <input type="radio"/> Biotechnology Research & Development				
I will work to the best of my ability in the HSCS Academy courses:				
_____		_____	_____	_____
Print Name		Student's Signature	Date	
PARENT/GUARDIAN INFORMATION				
Parent/Guardian's Last Name:		First Name:		
Home Phone #:	Cell Phone #	Email:		
Address if different from student: (Address/P.O. Box, City, State, Zip Code)				
I will my best to support my child in the successful completion of the HSCS Academy courses and Academy expectations :				
_____		_____	_____	_____
Print Name		Parent/Guardian Signature	Date	
TEACHER RECOMMENDATION				
Teacher's Last Name:		First Name:	Subject:	
Briefly state why you think that this student should be enrolled in the HSCS NAF Academy of Health Sciences:				
I recommend this student for enrollment in the HSCS NAF Academy of Health Sciences:				
_____		_____	_____	_____
Print Name		Teacher Signature	Date	
HEALTH CAREERS & EXPLORATION (NAF) TEACHER RECOMMENDATION				
I recommend this student for enrollment in the HSCS NAF Academy of Health Sciences:				
_____		_____	_____	_____
Print Name		Teacher Signature	Date	
Guidance Personnel Only:				
Date received:		Approval : Yes/No	Initials:	

The Health Sciences Charter School is committed to a policy of educational equality. Accordingly, the program admits students and conducts all educational programs, activities, and employment practices without regard to race, color, religion, gender, sexual preference, national origin, marital status, ancestry, disability, or any other legally protected classification. Any person having inquiries concerning the school's compliance with regulations implementing Title VI of the Civil Rights Act of 1964, Title IX of the Educational Amendment of 1972, Section 504 of the Rehabilitation Act, the American with Disabilities Act, or the Individuals with Disabilities Education Act is directed to contact the School Director at the school address.