

Health Science Academy at
Big Sky High school



Student Application

STUDENT NAME:	PARENT/GUARDIAN'S NAME:
ADDRESS:	CITY, STATE, ZIP:
HOME PHONE:	CELL PHONE:
STUDENT EMAIL:	PARENT EMAIL:
CURRENT SCHOOL:	

HSA Commitments:

- I understand I am committing to the Health Science Academy for 1 full year.
- I understand Standards Based Grading will be used to determine my grades.
- I understand I will participate in Student Led Conferences at least 1 time per school year.
- I understand I can be removed from the academy if I don't maintain grades, attendance, and appropriate behavior.
- I understand I will receive an academy shirt that must be worn as required; I also understand if I lose my shirt I will pay \$20 to replace it.
- I understand if I want to leave the academy at the end of the school year, there is an exit process I must satisfy

➤ Student Initials _____ Parent/Guardian Initials _____

PLEASE IDENTIFY ONE REFERENCE (TEACHER, COUNSELOR, ETC.) FROM YOUR CURRENT SCHOOL AND HAVE THEM COMPLETE THE BACK OF THIS FORM

WHY ARE YOU INTERESTED IN THE HEALTH SCIENCE ACADEMY? PLEASE CHECK ALL THAT APPLY:

- | | |
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| Belonging to a smaller learning community
Interested in a Health related field
"Hands on" learning experiences
Job Shadows/Externships
Community Service opportunities | Project Based Learning
Citizenship opportunities
"Ed-Ventures related to the health sciences
Leadership opportunities
Other: _____ |
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IF WE ASKED YOU WHAT YOU WANT TO BE WHEN YOU "GROW UP" WHAT WOULD YOU SAY?

If you have any questions, please call Jennifer Courtney-Assistant Principal @ 728-2400 ext. 8088, or Maureen Thomas-Health Science Academy Coordinator @ 728-2400 ext. 8040

Parent/Guardian Name: _____ Parent/Guardian signature: _____

Student Name: _____ Student signature: _____

Please return to your school counselor or to Jennifer Courtney

Big Sky High School, 3100 South Ave. W, Missoula, Mt. 59804