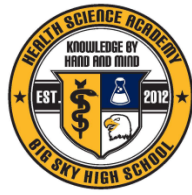


Health Science Academy at Big Sky High School



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 \$30 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:

- | | |
|---|---|
| Belonging to a smaller learning community | Project Based Learning |
| Interested in a Health related field | Citizenship opportunities |
| "Hands on" learning experiences | "Ed-Ventures related to the health sciences |
| Job Shadows/Externships | Leadership opportunities |
| Community Service opportunities | Other: _____ |

IF WE ASKED YOU WHAT YOU WANT TO BE WHEN YOU "GROW UP" WHAT WOULD YOU SAY? _____

If you have any questions, please call Ariel Cornelius-Health Science Academy Coordinator @ 728-2400 ext 8638 or Jennifer Courtney-Principal @ 728-2400 ext. 8026

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

Student Name: _____ Student signature: _____

Please return to your school counselor or Jennifer Courtney at Big Sky High School, 3100 South Ave. W, Missoula, Mt. 59804

Health Science Academy Reference Form

Student Name: _____

Reference Name: _____ Position/Title: _____

Please evaluate the student according to the following criteria, offering additional comments where appropriate:

- 1 = Unsatisfactory Does not meet expectations
- 2 = Below Average Meets some expectations but needs improvement
- 3 = Satisfactory Meets expectations, but does not exceed them
- 4 = Very Good Exhibits above average performance
- 5 = Exceptional Exhibits superior performance
- 6 = Not Applicable

- 1 2 3 4 5 6 **Productivity:** Student completes assignments in a timely manner, performs high quality work that is accurate and thorough, and manages time effectively.
- 1 2 3 4 5 6 **Punctuality:** Student is responsible, dependable, punctual, has good attendance, and notifies the supervisor if s/he will be late or unable to work.
- 1 2 3 4 5 6 **Attitude Towards Work:** Student is enthusiastic, interested, diligent, courteous, and willing to work at difficult or disagreeable tasks.
- 1 2 3 4 5 6 **Communications Skills:** Student expresses thoughts clearly and is professional in dealing with both co-workers and the public.
- 1 2 3 4 5 6 **Initiative:** Student asks for work if not assigned and is able to work independently
- 1 2 3 4 5 6 **Creativity:** Student is innovative, accomplishes tasks in creative ways, and offers suggestions for new or better methods of operation.
- 1 2 3 4 5 6 **Relationships with Others:** Student is tactful, diplomatic, and maintains good working relationships with co-workers, supervisor, faculty, and staff.
- 1 2 3 4 5 6 **Overall Contribution:** Student contributes overall to improving the office/department.

Additional Comments:

Please identify some of the student's strengths or weaknesses and why you think they would be a good fit for Big Sky's Health Science Academy.

Reference Signature

Date