# Gulf High School

## Health Careers Academy Application

2016-2017

Return completed application to your Middle School Guidance Counselor.

Your zoned high school: _____

** (Applications for School Choice must be submitted to the District School Board of Pasco County prior to acceptance into the program.)

Date: _____ Student Number: _____

Student Name: _____

(Last) (First) (Middle Initial)

Home Address: _____

Home Telephone: (____) _____ Cell Phone: (____) _____

Name of Middle School: _____ Grade: _____

Why are you interested in Health Care? _____

_____

_____

_____

_____

Student Signature: _____ Date:_____

Parents Signature: _____ Date: _____

***To be completed by Middle School Guidance Counselor:***

Number of referrals by level (this school year):_____

FSA Reading Score: _____ Date: _____ FSA Math Score: _____ Date: _____

Guidance Counselor Signature: _____