



Morehead High Health Science Academy (HSA) Student Application 22-23

Mail your completed application to Morehead High School, ATTN: Allyson Edwards, 134 N. Pierce St. Eden, NC 27288 by March 11, 2022. All applicants will be notified by April 8, 2022 in regards to admission status. If you have any questions about this program, you may contact Allyson Edwards at aedwards@rock.k12.nc.us or 336-627-7731.

Student Name (First, Middle, Last):

Home Phone #:

Student Email Address:

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Street Address:

City/State:

Zip Code:

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

Parent/Guardian Name:

Parent Cell Phone #:

Parent/Guardian Email Address:

| | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|

What school do you currently attend?

- | | |
|--|--|
| <input type="checkbox"/> Holmes Middle | <input type="checkbox"/> Rockingham County Middle |
| <input type="checkbox"/> Reidsville Middle | <input type="checkbox"/> Western Rockingham Middle |
| <input type="checkbox"/> Other (please specify): _____ | |

Transportation:

Bus transportation will be provided if needed to students transferring to MHS in 9th grade to participate in the HSA. The transportation will not be “door-to-door” but will be at a designated pick-up/drop-off point.

My student will need bus transportation to MHS in order to participate in the HSA. I understand that if my student does not ultimately enroll in HSA classes, he/she will not be eligible for bus transportation as a transfer student and may have to return to their home school.

YES NO

AGREEMENT:

I understand that the MHS HSA is challenging and that expectations are high, but I also realize that the personal, academic and organizational gains from participating in the most rigorous courses offered will be to my benefit long-range.

| | | | | | |
|--|--------------------------|-------------|--|----------------------------------|-------------|
| <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Student Signature</td> <td style="width: 50%;">Date</td> </tr> </table> | Student Signature | Date | <table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">Parent/Guardian Signature</td> <td style="width: 50%;">Date</td> </tr> </table> | Parent/Guardian Signature | Date |
| Student Signature | Date | | | | |
| Parent/Guardian Signature | Date | | | | |

Are you applying for additional RCS High School Academies/Programs? YES NO
If YES, rank your order of program preferences (1 being the highest):

- | | |
|---|--|
| <input type="text"/> International Baccalaureate <input type="text"/> Health Science Academy <input type="text"/> Public Safety Academy | <input type="text"/> STEM Academy <input type="text"/> Rockingham Early College High <input type="text"/> Creative Arts and Design Academy |
|---|--|

Required Student Essay

Students are required to submit a written essay, no longer than one page, introducing yourself to the Academy staff, providing 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. This essay will not be critiqued on writing style or scored for admission purposes. They will be used to help provide the students with the experiences and provide them with opportunities that will benefit them in the future.

MOREHEAD HEALTH SCIENCES ACADEMY TEACHER RECOMMENDATION



To the applicant: Please complete two recommendation forms and give them to two of your current classroom (8th grade) teachers to complete. One must be a core teacher.

Student Name (First, Middle, Last):

Street Address:

City/State:

Zip Code:

| | |
|--|--|
| | |
|--|--|

Student's Current School:

To the recommender: The student named above is applying for admission into the Health Sciences Academy. Please use this form to share with us your perceptions of how well this student will meet the academic and social responsibilities of the school keeping in mind there will be challenging courses offered. In addition, please attach an official report of any discipline issues. **Please return this form to the student in a sealed envelope with your signature across the seal.** Thank you for your assistance.

How long have you known the applicant? _____

In which grade did you teach this applicant? _____

| Please check as applicable | Exemplary | Acceptable | Needs Improvement |
|--|-----------|------------|-------------------|
| Knows how to actively engage in collaborative group work | | | |
| Verbal Communication Skills | | | |
| Analytical/ Problem-Solving | | | |
| Leadership Skills | | | |
| Overall quality of academic work | | | |
| Dependability/ Reliability | | | |
| Exercises critical thinking skills | | | |
| Classroom Behavior | | | |
| Interpersonal Skills | | | |
| Cooperativeness | | | |

Comments:

Name of Reference: _____

Title: _____

School: _____

Phone: _____

Address: _____

Reference Signature

Date

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Title: _____ School: _____

Phone: _____

Address: _____

Reference Signature

Date