



Please return application to:
Health Sciences High School & Middle College, Inc.
3910 University Avenue, Suite 100
San Diego, CA 92105
Phone: 619-528-9070 Fax: 619-528-9084

Please note: The application process must be complete by January 31, 2018 to be considered during the enrollment period.

Enrollment Application 2018-2019
NEW STUDENT

This application is for the:

- HIGH SCHOOL**
 MIDDLE SCHOOL

WHAT GRADE ARE YOU APPLYING FOR:

- 6th 7th 8th 9th 10th 11th 12th

Student Information (please print clearly in ink)

_____ Last Name _____ First Name _____ Middle Initial _____

Male Female _____
Date of Birth

_____ Street _____ City _____ Zip _____

Current Grade _____ Will student be successfully promoted from this grade at the end of 2017-2018? Yes No

Current School _____ Current School's Phone Number _____

HSHMC believes in the potential of all students, including those who may have had attendance and/or disciplinary issues in the past. It is important that we understand your child's history in order to help them achieve their goals, aspirations and potential if they come to our school. Your answers to the questions below will help us plan for the individual needs of your child.

Has student ever been suspended or asked to leave a school permanently? Yes No

If yes, please explain _____

Does student have a School Attendance Review Board (SARB) plan? Yes No Unsure

Parent(s)/Guardian(s) Information

_____ Last Name _____ First Name _____ Relationship to Student _____

_____ Street _____ City _____ Zip _____

_____ Home Phone _____ Work Phone _____ Cell Phone _____

_____ Email Address _____

_____ Last Name _____ First Name _____ Relationship to Student _____

_____ Street _____ City _____ Zip _____

_____ Home Phone _____ Work Phone _____ Cell Phone _____

_____ Email Address _____

(over)

Yes No **We understand that we must attend ONE Orientation Session prior to the end the January 31, 2018 enrollment period.**

NEW STUDENT ORIENTATION DATES:

Thursday, November 30, 2017 at 5:30 pm

Thursday, January 11, 2018 at 5:30 pm

Tuesday, January 23, 2018 at 5:30 pm

If HSHMC receives more applications than there are spaces available in a grade, a single computerized lottery will be held to determine who is offered admission. Applicants who have not been chosen will have their names maintained within the applicant pool until October 1, 2018. Siblings of returning students will be given priority in the lottery process as well as children of founding members of HSHMC and employees of Sharp HealthCare.

Name of sibling currently attending HSHMC: _____ Grade: _____

A member of our family is an employee of either HSHMC, Inc. or Sharp HealthCare Yes No

If yes, Name: _____ Relationship _____

Signature of Parent/Guardian

I certify that the information on this application is true and correct. I understand that HSHMC can deny or revoke my child's admission/enrollment if any information is found to be incorrect or inaccurate.

I also understand the HSHMC is a cooperative school of choice, and by signing this application, upon admission we agree to learn and abide by all policies and procedures outlined in the student handbook.

Signature(s)

Date

**THIS APPLICATION IS FOR THE 2018-2019 SCHOOL YEAR ONLY
INCOMPLETE APPLICATIONS WILL NOT BE PROCESSED**

FOR OFFICE USE ONLY:

Attended HSHMC, Inc. orientation: Yes No

Date: _____

Sharp Employee: Yes No

HSHMC Sibling: Yes No

Date Application Received: _____