



A.B. MILLER HIGH SCHOOL
HEALTH SERVICES ACADEMY
6821 Oleander Avenue, Fontana, CA. 92336
(909) 357-5800 ext. 10729

HEALTH SERVICES ACADEMY APPLICATION

PERSONAL INFORMATION: Circle Current Grade Level (9 10 11 12) Graduating Class of: _____

A.B. Miller High School Student Identification Number: _____

Student Name _____

Parent / Guardian Name _____

Address _____

Home Telephone _____

Parent / Guardian Work Telephone _____

PRINT YOUR ANSWERS TO THE FOLLOWING QUESTIONS:

1. What area of health services are you most interested in?

2. How do you feel about working in a group or team-like atmosphere?

3. Health Services Academy participation requires a three-year commitment.
What do you like about this idea?

4. Why is it important for students to communicate in a positive manner with parents and teachers?

5. Why do you feel you would be a good candidate for the Health Services Academy?

6. What extra-curricular activities / sports do you plan on being involved in?



**A.B. MILLER HIGH SCHOOL
HEALTH SERVICES ACADEMY**

Class Participation and Behavioral Contract

My parents and I have read and agree to the rules and regulations of the Health Services Academy. Our signatures below acknowledge our understanding of this contract.

1. I will attend and be on time to all classes.
2. I will participate in all class activities and complete all assignments.
3. I will respect the teacher and other students in the class.
4. I will follow the directions of all teachers, administrators, and staff members.
5. I will follow all the rules and regulations established by the school district and school regarding expected student conduct between periods, during lunch, and after school while on school grounds.
6. I will represent A.B. Miller in a positive manner while participating in activities and events associated with the school, school district, and Academy.
7. In the event that I do not carry out the aforementioned requirements, the following actions may be taken:
 - a. Intervention by Academy team members, parents / guardians, counselor, Academy Coordinator, and peer leaders.
 - b. Dismissal from the Academy to regular classes or an alternative program.

Student Signature _____ Date _____

Parent/Guardian Signature _____ Date _____