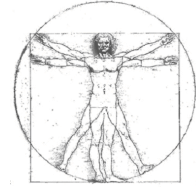




Venice High School
MEDICAL ACADEMY
Student Application 2011-2012



Please print all responses clearly. Do not leave any areas blank.

Venice High School Medical Academy - 1 Indian Ave. - Venice, FL 34285

For more information about our program, as well as these forms, visit us online at: www.vhsma.com

Please submit the following documentation:

- _____ 1. This cover sheet with the items checked off.
- _____ 2. Student Application, completed in full (2 pages).
- _____ 3. Teacher Recommendation Contact Form.
- _____ 4. Copy of current attendance records from current school's Guidance or Attendance Office.
- _____ 5. Copy of your most current Report Card (also obtained from your Guidance Office).

General criteria for acceptance into the Venice High Medical Academy (check all that apply):

- _____ I have earned a "cumulative average" of 75% or above in my Core Academic classes this year.
- _____ I have achieved a 300 or better on last year's FCAT Reading test.
- _____ I have no more than 10 absences so far this year(either excused OR unexcused).
- _____ I have no serious discipline referrals this year.

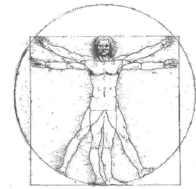
If you were not able to check all of the above criteria, please use the space below to explain the circumstances, as it may affect our decision for your admission into the Medical Academy.

PLEASE NOTE: We are able to accept only a limited number of students.

Student name (printed) _____ Date _____



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Please print all responses clearly. Do not leave any areas blank.

Venice High School Medical Academy - 1 Indian Ave. - Venice, FL 34285

Name _____

Address _____
Street Town Zip code

Home phone _____ Student Cell phone _____

Student email address _____

Parent/Guardian name _____

Parent work phone _____
Please include numbers for both parents if applicable

Parent cell phone _____
Please include numbers for both parents if applicable

Parent email address _____

School you are currently attending _____ Current Grade (ex: 8th) _____

What plans/goals do you have for after high school (feel free to include any career goals)?

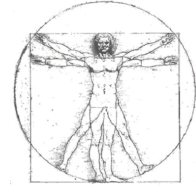
What can Venice High School and your teachers expect from you while you are a student at Venice High?

List any school activities in which you participated. If any, list leadership positions held.

List community service activities or organizations in which you have been involved. Include any volunteer activities that relate to the Medical Academy.



Venice High School
MEDICAL ACADEMY
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Teacher Recommendation Contact Form

We will be contacting your current English, Math, and Science teachers for recommendations.

Please PRINT legibly.

1. English Teacher: _____

School*: _____

(*if different from the school you are currently attending):

2. Math Teacher: _____

School*: _____

(*if different from the school you are currently attending):

3. Science Teacher: _____

School*: _____

(*if different from the school you are currently attending):

Student name (printed) _____ Date _____