

HEALTH AND MEDICAL OCCUPATIONS ACADEMY APPLICATION

Yes! I want my student to enter the Health and Medical Occupations Academy if accepted. Please fill in the following information and **attach the student's transcript** and return or email to Mrs. Wingen at Dana Hills High School.
tawingen@capousd.org

Applying for open enrollment? If yes, check here	<input type="checkbox"/>
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Please Print or Type

Due Date: May 1

Name of Student _____

Address _____

Phone Number: student: _____ parent: _____

Student Email: _____

Parent or Guardian Name _____

Parent Email: _____

School Currently Attending _____

Schedule Questions:

What English are you recommended to take? _____

What math are you recommended to take? _____

Are you going to participate in a sport? _____

What elective(s) are you planning to take? _____

Do you live in the Dana Hills Boundaries to attend Dana Hills? Yes ___ No ___

Parent Signature

Date

Student Signature

Date

Career Goal: _____