Health Science II Honors Application Form

Health Science II Honors is an advanced curriculum exploring the students' interest in health care profession and related careers. Students must possess skills necessary to represent themselves and the school in a professional manner. Students must be mature, self-motivated and capable of honors level class work including off-campus job shadowing opportunities. Students must provide their own transportation to and from the job shadowing sites. Please read through the information provided, sign and return to Mrs. Clontz in E212.

Please print information in the blanks provided	
Name	
Final Grade in Health Science I Final Exam Score	
*List any ISS and/or OSS, dates and reason.	
Number of absences in the past 2 semesters*	
Attendance Coordinator's Signature	
I understand that I will be required to: -Purchase my own uniform -Complete all immunizations, including a TB testing	
 -Provide my own transportation to clinical sites -Conduct myself in a professional manner at all times in clinical areas -Respect patient rights at all times 	
Why do you want to enroll in this course? How is it related to your future goals?	

BE SURE TO SIGN UP FOR HEALTH SCIENCE II HONORS WHEN YOU REGISTER!

To the parents: Please read and sign below.

I have read the application for Health Science II Honors and understand that:

- My student wishes to register for Health Science II Honors
- If enrolled in Health Science II Honors, my student will be required to:
 - -provide proof of current immunizations and may have to obtain additional immunizations as required by the healthcare facilities.
 - -have a 2 step TB skin test (within the past 12 months).
 - -provide his/her own transportation to all clinical sites.
 - -follow the established dress code on clinical days.
- My student will be removed from the clinical experience if he/she is failing the
 course, violates the conduct and/or dress codes expectations. If a student
 receives ISS, he/she may be removed from the clinical rotation, depending on the
 circumstances. If a student receives OSS, he/she will be removed from the clinical
 rotation. Removal from the clinical rotation may result in failure of the course.

Student Signature:	
Parent/Guardian Signature:	
Date:	

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If you do not request the course but complete the application, I cannot change your schedule.

Return completed form to Mrs. Clontz E212.