

ACADEMY OF EMERGENCY MEDICAL SCIENCE

Pine Forest High School 525 Andrews Road, Fayetteville, NC 28311

Telephone: 910 488-2384 Fax: 910 488-0790

APPLICATION FOR ADMISSION

Name: _____ Current Grade: _____

Address: _____ Telephone # _____

Street

_____ Grade Point Average: _____

City, State and Zip Code

How many days have you been absent this school year? _____

Have you had any discipline issues? _____ (Describe on another sheet of paper)

What type of health care career are you interested in studying?

List the math and science courses that you have taken in high school so far.

Describe any work-based learning activities you have participated in, to include part-time jobs, job shadowing, internships, and cooperative education.

List club memberships and extra-curricular activities:

List volunteer/community service experiences:

Why are you interested in being selected for the Academy of Emergency Medical Science?

I understand that my acceptance into the Academy commits me to be a program participant through my senior year in high school.

Signature of Applicant

Date

I approve of my son/daughter's application to the Academy. I agree to attend a Parent Meeting detailing the expectations of Academy participants in the fall semester of student acceptance.

Signature of Parent/Guardian

Date

Write a brief paragraph describing yourself. Attach this to your application. Return application to Room 238 along with 2 references.

