



Westover High School Academy of Health Science and Technology Application for Admission

Welcome and Specific Directions

Welcome to the Westover High School application! This is an official application for enrollment with Westover High School. Please complete all information in full and then finalize the application.

Important! This application contains many questions. Some of the questions require detailed responses. You must complete the application in full to be considered. There is no ability to save a partial application. Please be sure you have allotted enough time to complete the application before starting.

Statement of Understanding

Students must reside in Cumberland County in order to be considered for this program. Proof of residency will be verified prior to enrollment.

Westover High School requires a commitment of time and effort from accepted students and their parent(s)/guardian(s). With this commitment, I agree to keep my child in the program for at least one full school year.

Additionally, I understand that if my child has special needs for services that are not offered by Westover High School, it may be necessary for him/her to remain at the residential home school in order to receive services.

By signing below, I acknowledge that all information is accurate and complete as stated within the application. I also agree to adhere to the policies and procedures in accordance with Westover High School.

Print Name of Parent/Guardian

Signature of Parent/Guardian

Date

Student Data

Name _____ Date _____

(First MI Last)

Address _____

City _____ Zip Code _____

Home Phone _____ Cell Phone _____

Date of Birth _____ Grade _____

Parent/Guardian Data

Name _____

Address _____

Home Phone _____ Work Phone _____ Cell Phone _____

Occupation _____

Student Academic Information

Career Interests _____

Computer Skills _____

Extracurricular Activities _____

Awards/Recognition's Received _____

Teacher Recommendations (List Three) _____

List total absences by year _____

ESSAY: On a separate piece of paper, type and attach a one page essay on why you are interested in the Academy of Health Science and Technology and how it relates to your future goals.

SUBMIT APPLICATION TO: Denise Ewart, Director Academy of Health Science and Technology