



# Medical Academy Application & Information Sheet

(Middle School)

Please print in blue or black ink or type. Attach a copy of your current Report Card.

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Current Grade: 8th Student Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Student's Home Phone Number: ( ) - \_\_\_\_\_

Parent(s)/Guardian(s) Name: \_\_\_\_\_  
(First) (Last)

Work Number: ( ) - \_\_\_\_\_

E-mail address: \_\_\_\_\_

**\*On the back of this paper, state in a paragraph why you want to be in the Medical Academy.**

## Teacher Recommendations

Middle School: \_\_\_\_\_ School Phone: \_\_\_\_\_

Teacher: \_\_\_\_\_ Subject: \_\_\_\_\_ Phone Ext: \_\_\_\_\_

Teacher: \_\_\_\_\_ Subject: \_\_\_\_\_ Phone Ext: \_\_\_\_\_

## Criteria for Acceptance

- GPA of 3.0 or higher
- 10 or less absences for the year
- No referrals for conduct for the year

*As a member of the Medical Academy, my behavior is expected to be above and beyond the normal student body. I pledge not to cheat or help anyone else cheat during my residency at DPHS. I understand it is an honor & privilege to be in the Medical Academy and failure to meet these standards may result in probation or dismissal from the academy. **Membership will require after school meetings (approx 6 per year).***

Parent Signature \_\_\_\_\_ Student Signature \_\_\_\_\_

### For Office Use Only

GPA: \_\_\_\_\_ ABSENCES: \_\_\_\_\_ REFERRALS: \_\_\_\_\_ Approved / Denied

Bring completed application with you to registration or mail to Ms. Parker, DPHS Medical Academy Director, 6500 Turkey Lake Road, Orlando, FL 32819