

## ESPERANZA Medical Science Academy ADMISSION APPLICATION

Name: (last)		(first)		(m.i.)
Street Address	s:			
City:	State: <u>CA</u>	Zip:	Phone:	
Current Year	in School: 8 9 10 11 12	Email: _		
Current School Residence Hi	ol gh School:			☐ Yorba Linda
Admission (	<u>Criteria</u>			
1. Minimum	2.0 GPA			
2. Satisfactor	y citizenship marks			
	y attendance – no truancies Guardian (please print)			
Parent/0	Guardian Signature		Date_	
	NLY (CURRENT SCHOOL) S			
1. C	verall Academic GPA	_		
2. S	atisfactory attendance	_ (yes/no)		
3. S	atisfactory citizenship	_ (yes/no)		
Counselo	r Signature:		Date:	

Due date outside of EHS boundaries: February 24, 2017 Due date within EHS boundaries: ongoing based on space