



ESPERANZA AZTECS

Medical Sciences Academy Application



Student Name: (last) _____ (first) _____ (middle initial) _____

Street Address: _____

City: _____ State: _____ Zip: _____ Phone: _____

Current Year in School: 8 9 10 11 12 Parent Email: _____

Current School: _____

Resident HS: ☐ Esperanza ☐ El Dorado ☐ Valencia ☐ Yorba Linda ☐ Other _____

Medical Sciences Academy Application Criteria

1. Minimum 2.5 GPA
2. Satisfactory Citizenship - no Ns or Us
3. Satisfactory Attendance - no truancies or excessive absences

Parent/Guardian Name: (please print) _____

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY (CURRENT SCHOOL) - Submit completed application to school counselor

Overall Academic GPA: _____

Satisfactory Attendance: YES or NO

Satisfactory Citizenship: YES or NO

Counselor Signature: _____ Date: _____

Due date outside EHS boundaries: February 1, 2019

Due date within EHS boundaries: ongoing based on space