



**La Follette High School's
Health Care Leaders Academy
Student Application**

APPLICATION WINDOW: Applications will be accepted until 3:30 pm on January 6, 2017

**Please return completed applications to your Middle School Counselor or to Kris Howard
at LaFollette High School.**

La Follette High School's Health Care Leaders Academy is part of Madison Metropolitan School District's Personalized Pathways.

The mission of **La Follette High School's Health Care Leaders Academy** is to use the strength of our community's diverse experiences to help students tackle real-world health and wellness problems. Lancers will build relationships in learning communities, participate in integrated, project-based learning, and connect school and community experiences. Through rigorous academics, site visits, and work-based experiences, students will be prepared to lead in college, career, and community.

For more information: <http://mmsd.org/pathways>

Student Information (Please Print)

ID Number:	Birthdate:
Student First Name:	
Student Last Name:	
Address:	
Phone Number:	Email:
Parent/Guardian (1):	Phone:
Parent/Guardian (2):	Phone:
Current School:	Counselor:

Personal Responses:

Please answer the following question in 3 to 5 sentences. You may use the space provided, or use a separate piece of paper to provide your answers. (Please staple the separate sheet to this application so it does not get lost). If you use a separate sheet of paper, please write your name and student ID number at the top. Make sure that your writing is clear and easy-to-read.

- 1. Please tell us why you are interested in being a part of La Follette High School’s Health Care Leaders Academy. What are some of the specific reasons that you think this opportunity would be a good match for you as a high school student?**

Sentence Starters :

- *Being part of a small learning community may help me because...*
- *The topic of health, health equity, leadership, and/or social justice are interesting to me and/or are related to my future goals because...*
- *Linking learning across my classes and through projects sounds exciting because...*

STUDENT & PARENT/GUARDIAN SIGNATURES:

Student:

By completing this application I am indicating my interest to enroll in **La Follette High School’s Health Care Leaders Academy**.

Student Signature: _____ Date: _____

Parent/Guardian:

I am supportive of my child’s request to enroll in **La Follette High School’s Health Care Leaders Academy**.

Parent/Guardian Name (Print): _____

Parent Signature: _____ Date: _____