

**New Brunswick Health Sciences Technology High School
Application for Admission 2019 - 2020**

Last Name

First Name

MI

N.J. State I.D. Number

N.B. Student I.D. Number

Home Address (please include Apt. # if applicable) *Students attending a non-New Brunswick Public School (Parochial, Charter, Private) must provide proof of residency with this application.

City

State

Zip Code

Date of Birth

Age

Gender

Present Grade Level

School Presently Attending

Home Phone Number

Parent's/Guardian's Name

Cell Phone Number

E-Mail Address

Work Phone Number

Primary Language Spoken at Home

Parent/Guardian Consent

I grant permission for my child/dependent, named above in this application, to be considered as a candidate for the Health Sciences Technology High School and to have all pertinent records forwarded with this application. It is my understanding that this program is dedicated to those students in grades 9-12 who are interested in careers in the health sciences field and that these students will be offered special learning opportunities. I further understand that each student is expected to maintain an A/B academic average annually with regular attendance to school in order to remain eligible for this school. Continued attendance is also dependent upon my residency in New Brunswick or my **full time employment** at Robert Wood Johnson University Hospital. Further, I will support my child's/dependent's participation in the New Brunswick Health Sciences Technology High School by encouraging his/her efforts by attending events planned for parents/guardians.

PLEASE NOTE: STUDENTS MUST MAINTAIN A 3.0 (B AVG.) GRADE POINT AVERAGE ALL 4 YEARS AT NBHSTHS

Permiso del Padre/Apoderado

Doy permiso a mi hijo(a)/dependiente, mencionado líneas arriba en esta solicitud, para que sea considerado candidato a la Escuela Secundaria de Ciencias de la Salud y Tecnología de New Brunswick y poder tener acceso a los records pertinentes con esta aplicación. Es de mi conocimiento que el programa que la Escuela ofrece está dedicado a aquellos estudiantes del 9-12 grado que están interesados en carreras relacionadas en el campo de ciencias de la salud y que a estos estudiantes se les ofrecerá oportunidades especiales de aprendizaje. Asimismo entiendo que se espera que cada estudiante mantenga un grado académico de A/B anualmente y una asistencia regular para ser elegible a permanecer en esta Escuela. La continúa asistencia de mi hijo/a depende también de mi residencia en New Brunswick o mi **empleo de tiempo completo** con el Hospital Universidad Robert Wood Johnson. Así también, apoyaré a mi hijo(a)/dependiente en su participación en el Colegio de Salud Ciencias y Tecnología de New Brunswick alentando sus esfuerzos asistiendo a eventos planeados para los padres/apoderados.

Parent's/Guardian's Signature/Firma del padre/guardián

Date/ Fecha

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Applicant's Name: _____

Even at a young age, you have accumulated a wealth of experiences and knowledge. If you could go back and tell your 2nd grade self how to more successfully make it to where you are now, what would you say and why?

(Please feel free to attach additional sheets of paper.)

Student's Signature

Date

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Formal Letter of Recommendation
(Please feel free to attach additional sheets of paper.)

Applicant's Name: _____

Signature

Date

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(This section to be completed by the applicant's School Counselor)

Applicant's Name: _____

Please circle the mathematics course the student is currently taking: **Pre-Algebra** **Algebra I** **Geometry**
Other

If *other*, please indicate the mathematics course the student is currently taking: _____

Please circle the world language course the student is currently taking: **Spanish I** **French I** **Japanese**
Other **None**

If *Other*, please indicate the world language course the student is currently taking: _____

Has the student ever attended a school outside of New Brunswick? **Yes** **No**
If yes, please indicate the school, district, and grade(s) attended: _____

For students attending parochial, private, charter and/or out of district schools: Please check and include the following items:

- A copy of the student's grades from kindergarten through the 2017-2018 academic year
- A copy of the student's most recent report card
- A copy of the student's standardized test scores for grades five (5) through the 2017-2018 academic year
- A copy of the student's attendance/tardiness record from kindergarten through the 2017-2018 academic year
- A copy of the student's attendance/tardiness record from September 2018 through November 2018
- A copy of the student's disciplinary record from kindergarten through the 2018-2019 academic year

School Counselor Signature: _____ Date: _____

I have reviewed this application for admission to the New Brunswick Health Sciences Technology High School for completeness and accuracy, and agree with the recommendation that this student be considered for admission.

Principal's Signature: _____ Date: _____

Applications are to be sent to:

New Brunswick Health Sciences Technology High School
Attn: Guidance Office
165 Bayard Street
New Brunswick, NJ 08901