

Medical & Health Careers Academy Application

Roger C. Sullivan H.S

6631 North Bosworth Ave.
Chicago, Illinois 60626
773 534-2000 / 773 534-2141 - Fax

Please Print Or Type All Information

Student's Name: _____
Last First MI
Social Security Number: _____
Birth Date: _____ CPS Student ID# _____ Sex: M ___ F ___
Address: _____
Street Zip Code

Note: the 8th grade counselor MUST complete this section:

Present School Name: _____
7th Grade Iowa Test Scores: Reading Stanine: _____ Math Stanine: _____ Science Stanine: _____
Did you have High School Algebra in the 8th Grade? Yes ___ No ___
Attendance for last school year: Days Absent ___ Days Tardy ___
Counselor Signature: _____

Ethnic/Racial Background (Check one) Optional

White, Non-Hispanic _____ Asian/Pacific Islander _____
Black, Non-Hispanic _____ Hispanic _____
American Indian/Alaskan Native _____ Other (Please list) _____

Parent/Legal Guardian: _____
Name Relationship

Telephone Numbers: (____) _____ (____) _____
Home Work

Emergency Telephone Number: _____
Name of Person Telephone Number

Parent/ Legal Guardian Signature: _____ Date: _____

IMPERATIVE: Both the student and parent/guardian must attend REQUIRED interview for enrollment in the Medical & Health Careers Academy. A copy of your standardized test scores will be required prior to your enrollment. A contract will be presented for the signatures of the student, parent(s) or legal guardian(s) and program director. **A writing sample and letter of recommendation must be submitted with this application.**