

# Meridian Medical Arts Charter High School Application for Admission

2010/2011



Application for School Year:

Dear Prospective MMACHS Student,

Thank you for applying to the Meridian Medical Arts Charter High School.

Please be sure to submit your three-page application either by mail or hand delivered to our front office **no later than noon on Friday, February 26, 2010.**

The lottery for admission will be held on March 2, 2010.

Also, by submitting your application, you will be placed on a mailing list. You should be getting an invitation, by mail, to attend our open house for prospective students which will be held on the evening of February 9, 2010.

We wish you the best of luck and hope to see you in our classrooms in the future!

If you have any questions which need to be answered before completing your application, please feel free to contact our school counselor, Scott Herdegen.

Sincerely,

MMACHS Faculty

## Contact Us:

1789 E. Leigh Field Dr.

Meridian, ID 83646

(208) 855-4075

FAX (208) 855-4081

Scott Hill, Principal

<http://mmachs.mtchs.org>

# Meridian Medical Arts Charter High School Application for Admission

**Please Tell Us...**

- ▼ Where do you currently go to school? \_\_\_\_\_
- ▼ What grade are you in right now? \_\_\_\_\_
- ▼ Which math class are you currently taking? \_\_\_\_\_ What is your current grade in math? \_\_\_\_\_
- ▼ By the end of this school year, will you have finished a full year of Spanish? \_\_\_ Yes \_\_\_ No
- ▼ What are your most recent ISAT scores? Math \_\_\_\_\_ Language \_\_\_\_\_ Reading \_\_\_\_\_

Do you have a sibling who is already attending MMACHS this year and will be attending again next year?

- YES  
 NO

2010/2011



Application for School Year:

Student's Last Name	Mother's/Guardian's Last Name	Father's/Guardian's Last Name
Student's First Name	Mother's/Guardian's First Name	Father's/Guardian's First Name
Mailing Address	Mother's/Guardian's Mailing Address	Father's/Guardian's Mailing Address
City, State, Zip	City, State, Zip	City, State, Zip
Home Phone Number	Mother's/Guardian's Home Phone	Father's/Guardian's Home Phone
	Mother's/Guardian's Cell Phone	Father's/Guardian's Cell Phone
	Mother's/Guardian's Work Phone	Father's/Guardian's Work Phone

**Contact Us:**

1789 E. Leigh Field Dr.  
Meridian, ID 83646  
(208) 855-4075  
FAX (208) 855-4081  
Scott Hill, Principal  
<http://mmachs.mtchs.org>

Parent/Guardian Email Address: \_\_\_\_\_

Student's Email Address: \_\_\_\_\_

Please return all application materials to MMACHS by Friday, February 26, 2010 at noon. Applications will be accepted by mail, hand delivery, or through district mail from your school counselor.

**Application Checklist:**

- \_\_\_ This Form
- \_\_\_ One Teacher Recommendation Form
- \_\_\_ Personal Essay Form

# Meridian Medical Arts Charter High School Application for Admission

## Personal Essays

Please answer the following questions as part of the application process:

1. MMACHS is a school with high academic standards and a focus of preparing students for the health care field. Do you believe you are academically prepared for this school? Are you ready for four years of health care instruction?

---

---

---

---

---

---

---

---

---

---

2. Explain your long term goals for the future. Do you see yourself in the health care field? What career do you plan to pursue and why would you like to do it?

---

---

---

---

---

---

---

---

---

---

2010/2011



Application for School Year:

### Contact Us:

1789 E. Leigh Field Dr.

Meridian, ID 83646

(208) 855-4075

FAX (208) 855-4081

Scott Hill, Principal

<http://mmachs.mtchs.org>

Student Name (please print): \_\_\_\_\_

Student Signature: \_\_\_\_\_

# Meridian Medical Arts Charter High School Recommendation Form

☛ Student Name: \_\_\_\_\_

☛ Current School: \_\_\_\_\_

☛ Current Grade Level: \_\_\_\_\_

2010/2011

Applicatoin for School Year:



Please circle the appropriate number	Poor	Below Average	Good	Very Good	Excellent	
Attendance	1	2	3	4	5	NA
Grades	1	2	3	4	5	NA
Behavior	1	2	3	4	5	NA
Ability to Keep Up With <b>Higher Academic Standards</b>	1	2	3	4	5	NA
Ability to <b>Integrate Into Smaller School Environment</b>	1	2	3	4	5	NA
Shows <b>Empathy &amp; Compassion for Others</b>	1	2	3	4	5	NA
Perceived <b>Interest in Health Care</b>	1	2	3	4	5	NA
In your opinion, would this student benefit from attending MMACHS?    ___ Yes    ___ No						
Any comments you feel are important for us to know? _____ _____ _____						

**Contact Us:**

1789 E. Leigh Field Dr.  
 Meridian, ID 83646  
 (208) 855-4075  
 FAX (208) 855-4081  
 Scott Hill, Principal  
<http://mmachs.mtchs.org>

_____ Teacher's Signature	_____ Subject Taught	_____ Date
------------------------------	-------------------------	---------------

Please return all application materials to MMACHS by Friday, February 26, 2010 at noon. Applications will be accepted by mail, fax, hand delivery, or through Meridian District mail from your school counselor.	<p style="text-align: center;"><u>Teacher / Evaluator:</u></p> <p style="text-align: center;"><b><u>Return this form to MMACHS via:</u></b></p> <p>___ Meridian District Mail (attn: counselor)</p> <p>___ USPS Mail (attn: counselor)</p> <p>___ Fax (attn: counselor)</p> <p>___ Attached w/rest of application materials</p>
--	---