



**CENTRAL BUCKS SCHOOL DISTRICT
Partnership Application**

Partnership course for which student is applying for: _____

Name of Student: _____

Home Address: _____

Home Phone: _____ Email Address: _____

High School student attends _____ Grade: _____ Homeroom: _____

- 1. List below all high school courses that you have taken that would show preparation for this partnership course. Include corresponding grades earned in these courses.**

<i>Course</i>	<i>Instructor</i>	<i>Final Grade</i>

NOTE: If you are applying for a partnership course at Doylestown Hospital, please list any other courses you have taken at Doylestown Hospital.

- 2. Please attach a one-page essay explaining your interest in this program and the influence it may have on your future career. Please include the name of the partnership course on your essay. Be certain to word process your finished product.**

Agreement

Your signature below indicates agreement to participate in the partnership program

Student's Signature: _____ Date: _____

Parent's Name (please print): _____

Parent's Signature: _____ Date: _____

**PARTNERSHIPS-Please return completed application
to the teacher contact for this partnership course.**