



WEST BOCA RATON

COMMUNITY HIGH SCHOOL

Home of the Bulls

Assistant Principals

Tasia Sawyer
Rachel Ostrow
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Bradly Dorfberger
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Principal

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Please complete and return this contract to Marisa.Malek@palmbeachschools.org by **Friday, April 12, 2024**.

STUDENT NAME: _____ **ID:** _____

I understand that participation in the Medical Sciences Academy at West Boca High School is a privilege and I am required to behave in ways that contribute to my academic achievement, support a safe school environment and promote the overall success of the school. This privilege may be revoked if I fail to meet the program's standards for individual effort and student behavior.

As a Choice Program student, I agree to adhere to the following:

Academic Expectations:

A. I understand I am required to meet the following academic expectations:

Enroll in the sequence of courses required for my academy and stay in the program until I graduate high school.

Maintain a 3.0 GPA for all required academy courses.

Maintain an overall GPA of 2.0 or greater.

B. I understand I will be placed on Academic Probation if I fail to meet these requirements.

Attendance Expectations:

I understand that I will be placed on probation if I have 5 days unexcused absences within a month or 10 days unexcused absences within a 90-day period. Students who continue to accrue unexcused absences while on probation may be dismissed from the Choice Program.

Conduct Expectations:

I understand that I must follow school rules as well as the Palm Beach County School District Code of Conduct and my behavior must contribute to my academic success as well as the success of other students at my school.

I understand that if I have level 2 discipline referrals(s) in a marking period, I may be placed on probation. A violation of the probation contract may result in dismissal from the Choice Program and assignment back to my zoned school.

I understand that if a level three or four code of conduct violation occurs, I will be referred to an Exit Committee that will determine whether I will be dismissed from the Choice program.

I understand that I must pass a background check in order to remain in the Medical Sciences Academy. If I do not submit for one or do not pass one at the time a background check is requested, I will be exited from the program by the end of the first marking period.

I understand that random drug tests are routine for the Medical Sciences Academy. If I do not pass a required drug test, I will be removed from the Medical Sciences Academy.

I understand that I must abide by the established academy uniform policy both in class and on all required medical clinical rotations in order to remain in the Medical Sciences Academy.

I understand that this program requires me to transport myself to clinicals during school hours by the time I enter my third year of coursework. I will either need to transport myself or receive parent/guardian permission to ride-share (can be with another student or a ride-sharing service). The School District of Palm Beach County does not provide transportation to and from clinical rotations.

Other Expectations:

I understand that I am eligible for a graduation cord if I remain in good standing in the Medical Sciences Academy, complete three years of academy coursework and pass one industry certification exam.

I understand that I am eligible for a graduation stole if I remain in good standing in the Medical Sciences Academy, complete four years of academy coursework and pass two or more industry certification exams.

Choice Probation and Exit Process:

Students may be placed on probation if they fail to follow the Choice Program’s academic, attendance or conduct expectations. The terms and conditions of probation will vary depending on the individual needs of each student and will be fully outlined in a Probation contract between the student and the school’s administration.

I understand that failure to correct the cause(s) of probation in the next semester may result in the dismissal from the Choice Program, and if applicable, the school.

I understand that if I am dismissed from a Choice Program, I will forfeit the right to apply for a Choice Program at this school in the future. If I am not zoned to attend West Boca Raton High School, I must register at my zoned school.

If I wish to exit the Choice Program voluntarily and am not an in-SAC student, I must register at my zoned school, regardless of my grade level.

All exit procedures will follow most recently adopted Board Policy 5.016.

I have received and reviewed this Choice Student Contract and understand the academic, attendance and conduct expectations of students participating in Choice programs.

This contract must be signed and dated by both the Parent/Legal Guardian and Student

I accept admission to the Academy Program at West Boca Raton Community High School for the 2024-2025 school year.

Student’s Name Printed _____

Parent/Legal Guardian Signature _____ Date _____

Student Signature _____ Date _____

