



# WPHS Health Science Club

Dear Parent/Guardian:

West Plains Health Science Program is excited to announce that your student has an opportunity to be a member of our club. This is a student organization that teaches personal, workplace and technical skills to help students succeed—both on the job and in life.

The face of today's employment market is changing, and skills are the ticket to a young person's success. At the same time, a shortage of skilled workers has created unprecedented job opportunities. Businesses cite the shortage of skilled workers as their number one problem. In addition, employers are desperately in search of employees with good communication, teamwork ability, interpersonal skills and leadership qualities.

And let's face it, in the not-so-distant future, your child will be a part of this workforce.

Through participation, your student can:

- Participate in meaningful career exploration.
- Discover opportunities for scholarships, grants or prizes.
- Compete in career competitions at the Top of Texas CTE Contest (Spring 2024).
- Assist in coordination of West Plains fall and spring blood drive.
- Participate in school wide Stop-the-Bleed program.
- Host and participate in local Teddy Bear Clinic.
- Be part of a high-quality peer group.
- Take advantage of internship, mentorship and work-based learning opportunities.
- Learn useful skills to be self-sufficient and self-supporting.
- Become a more highly engaged student and citizen.
- Make education and career choices that lead to a successful life.



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- Develop career-readiness skills like effective communication, teamwork and problem solving.

Before making payment, please read over the attached contract and speak with your child about their commitment to joining the Health Science Club.

To become a member of the Health Science Club the following is required:

- \$16.00 Membership Dues
- \$25.00 Shirt

Payments must be made on [myPaymentsplus.com](https://myPaymentsplus.com)  
Listed under WPHS Health Science Club

**Membership requirement:** Must be present and actively participate in 90% of all club meetings and events.

If you have any questions, please do not hesitate to contact me . Your support will mean the world to your student and to the success of our Health Science program this year.

Sincerely,

Brittney Laughter, RN  
West Plains Chapter Advisor  
[brittney.laughter@canyonisd.net](mailto:brittney.laughter@canyonisd.net)

Tiffany Owens, RN  
West Plains Chapter Advisor  
[tiffany.owens@canyonisd.net](mailto:tiffany.owens@canyonisd.net)



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## WPHS Health Science Club Parental and Student Contract

Please read and sign this contract to indicate that you fully understand your future responsibilities as a *WPHS Health Science Club* member.

I, \_\_\_\_\_ (*student name*), understand that by becoming a *WPHS Health Science Club* member, I agree to do the following in order to maintain membership. I understand that the advisor can ask me to remove my membership status when I am not fulfilling my membership responsibilities.

Each *WPHS Health Science Club* member must fulfill the following requirements and agree to the rules listed below:

- **Must be passing all enrolled classes at each six weeks.**
- **Must be present and actively participate in 90% of all club meetings and events.**
- **Mandatory participation is required for all club activities.**
  - **Other school related activities that conflict with club activities are allowed. Please communicate in advance with Mrs. Laughter or Mrs. Owens if you will not be able to participate in club activities due to other school related activities.**
- **Any ISS or DAEP referral will result in automatic termination of membership. This is a no tolerance policy.**
- **You MUST be a junior and/or senior in order to be a *WPHS Health Science Club* officer.**



# WPHS Health Science Club

- **Set an example to peers through behavior, commitment, and participation.**

\_\_\_\_\_  
*WPHS Health Science Club* Member Signature

\_\_\_\_\_  
Date

We agree to the above-mentioned conditions and give our complete approval and encouragement in our child's quest for chapter membership. We fully realize the additional time and work required in participating in *WPHS Health Science Club* Club.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Scan the QR code to complete the student registration form.**

