



Application for Admission

Year Applying: _____

Student:	_____
Admission ID:	_____
Submitted:	_____
Reviewed:	_____
Decision:	_____
Waitlist? Y N #	_____

Date: _____

Best Contact Phone#: _____

Best Email Address: _____

Student's Full Name: _____
Last First Middle

Grade level: _____ Birthdate: _____ Gender: F M

After completing and signing the following application, please return this document with along with a **\$20.00 non-refundable** application fee.

Entrance into this program is dependent upon application and acceptance. Upon acceptance, the entire registration packet must be completed and returned with a **\$500 non-refundable deposit (The deposit is used for the \$500 activity fee upon enrollment.) (If applicable) Deposit due by: _____

Social Security Number: _____ - _____ - _____

Previous School: _____ Grade level: _____

Parent 1's Name: _____

Address: _____

Best contact phone #: _____ Cell Home Work

E-mail address: _____

Employer: _____ Title/Position: _____

Employer Address: _____

Best time(s) to contact: _____

Parent 2's Name: _____

Address: _____

Best contact phone #: _____ Cell Home Work

E-mail address: _____

Employer: _____ Title/Position: _____

Employer Address: _____

The following documents are necessary for enrollment. Please include the following documents with this packet:

- ___ show birth certificate – for age verification only
- ___ Copy of Current Health Record/ Immunization Record
- ___ Copy of most recent report card, IEP, and any other assessments you have, and State/National Test Scores

Has your child ever been suspended or expelled? YES NO
If yes, please explain.

Does your child have a juvenile arrest record? YES NO
If yes, please explain.

Is your child currently taking prescribed or over the counter medications? YES NO
If yes, please provide the names and dosages of the medications.

Please list any extracurricular activities or clubs your child participates in.

Has your child participated in any team sports during the past year? YES NO

If YES, which sports? _____

Other activities or interests? _____

Describe any special circumstances that have affected your child's performance in school.

In what ways, would you like Pathways Academy to help your child develop academically and socially?

Do you intend to pay in full or enroll in the FACTS tuition management program? YES NO

Would you apply for financial aid if funds were available? _____

Visit us online at <https://online.factsmgmt.com/signin/4FMFL> to apply for scholarships. For more information refer to the admissions packet.

Please explain your needs and special circumstances. Help us to understand your need for Pathways Academy and for financial aid (if applicable).

I certify that the above information is correct. I understand that failure to provide accurate and pertinent information may result in denial of admission to Pathways Academy and/or dismissal if already enrolled.

BOTH PARENTS SIGNATURES REQUIRED

Parent or Legal Guardian Date

Parent or Legal Guardian Date

Pathways Academy (Office Use Only)

Reviewed by: ___ Executive Director ___ Admissions Director ___ Faculty Representative

Interview: Y N **Interview Date Scheduled:** _____

Application Accepted: Y N **Date accepted:** _____ **Admission Date:** _____

Approved By:

___ Executive Director ___ Admissions Director ___ Faculty Representative

Application ID#: _____

Teacher: _____ Availability: YES NO

Accommodations: _____