

# Pathways Academy

Street Address:

5651 Jefferson St NE Suite B  
Albuquerque, NM 87109  
Phone: (505) 341-0555  
Fax: (505) 341-3808

Mailing Address:

P.O. Box 91165  
Albuquerque, NM 87199

## Application for Admission for 2010-2011 School Year

Date: \_\_\_\_\_

Entrance into this program is dependent upon application and acceptance. After completing and signing the following application, please return this document with a \$20.00 non-refundable application fee. Upon acceptance the entire registration packet must be completed and returned with the \$2500 non-refundable two month probationary period tuition. The two month probationary period tuition will be applied toward the total tuition amount.

Student's Full Name: \_\_\_\_\_

Last

First

Middle

Nickname: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Gender \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Previous School: \_\_\_\_\_ Grade level: \_\_\_\_\_

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

City, State, Zip \_\_\_\_\_

Father's Name: \_\_\_\_\_

Father's Address (if different): \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Home Phone (if different): \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_

e-mail address: \_\_\_\_\_

Occupation: \_\_\_\_\_ Title/Position: \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Best time(s) to contact: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Mother's Address (if different) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Home Phone (if different) \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Pager: \_\_\_\_\_  
e-mail address: \_\_\_\_\_  
Occupation: \_\_\_\_\_ Title/Position: \_\_\_\_\_  
Mailing Address (if different) : \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Best time(s) to contact: \_\_\_\_\_

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

- \_\_\_ Copy of birth certificate
- \_\_\_ 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? \_\_\_ If yes, please explain.

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Does your child have a juvenile arrest record? \_\_\_ If yes, please explain.

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Is your child currently taking prescribed or over the counter medications? \_\_\_  
If yes, please provide the names and dosages of the medications.

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Does your child participate in any clubs or extracurricular activities? \_\_\_\_\_

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Has your child participated in any team sports during the past year? \_\_\_\_\_

If so, which sports? \_\_\_\_\_

Other activities or interests? \_\_\_\_\_

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Tell us about your child's unique qualities and talents. \_\_\_\_\_

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

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

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

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Do you intend to pay in full or enroll in the FACTS tuition management program? \_\_\_\_\_

Would you apply for financial aid if funds were available? \_\_\_\_\_

