

Journeys Academy

Application for Admission

Applicants Information

Applicant's full legal name _____

(First)

(Middle)

(Last)

Preferred first name _____

Applicant's home address _____

City _____ State _____ Zip Code _____

Home telephone (____) _____

Home fax (____) _____

E-mail address _____

Date of birth _____

(month/day/year)

Place of birth _____

Country of citizenship _____

Primary language spoken at home _____

Current grade in school _____

Attach Recent Photo Here

Applying for grade _____ Beginning school year Aug/Sep 20 _____

Repeated a grade ☐ Yes ☐ No If yes, what grade? _____

Applicant currently on an individual education plan (IEP) ☐ Yes ☐ No

If yes, name and address of school where services were received

School name _____

School address _____

City _____ State _____ Zip Code _____

Application for Admission

Family Information: Parent/Guardian:

Preferred title: ☐ Dr. ☐ Mr.

Father's name

(First) (Middle) (Last) (Preferred)

Address

Home Telephone (____) _____

Work Telephone (____) _____

Cell Phone (____) _____

Fax (____) _____

Preferred E-mail

Alternate E-mail

Employer

Employer's Address

Occupation/Title

Preferred title: ☐ Dr. ☐ Mrs. ☐ Ms.

Mother's name

(First) (Middle) (Last) (Preferred)

Address

Home Telephone (____) _____

Work Telephone (____) _____

Cell Phone (____) _____

Fax (____) _____

Preferred E-mail

Alternate E-mail

Employer

Employer's Address

Occupation/Title

Application for Admission

General Information:

Applicant lives with:

☐ Father ☐ Mother ☐ Both

Other _____
(Name, Address)

Where should admission materials and school correspondence be sent?

☐ Father ☐ Mother ☐ Both

☐ Other _____
(Name, Address)

Where should financial correspondence be sent?

☐ Father ☐ Mother ☐ Both (please provide mailing address if other than home address)

☐ Other _____

Please check if appropriate:

☐ Father deceased ☐ Parents divorced ☐ Father remarried

Name of stepmother _____

☐ Mother deceased ☐ Parents divorced ☐ Mother remarried

Name of stepfather _____

If parents are divorced or separated,

Who has legal custody of the applicant? _____

Who has physical custody of the applicant? _____

Siblings: Name, Date of Birth, Current School

Application for Admission

Medical Information:

Applicant's Physician

Name _____

Address _____

City _____ State _____ Zip code _____

Telephone (____) _____

Fax (____) _____

Please list any medical conditions:

Applicant's height _____ Weight _____ Sex _____

Please list any current medications, including "over the counter" medications:

(medicine, purpose, dosage, date started, if prescribed medicine name of prescribing doctor)

(medicine, purpose, dosage, date started, if prescribed medicine name of prescribing doctor)

(medicine, purpose, dosage, date started, if prescribed medicine name of prescribing doctor)

Does the applicant wear eyeglasses for reading? ☐ Yes ☐ No

Does the applicant wear a hearing aid? ☐ Yes ☐ No

Please list clinics or private evaluations who have tested the applicant:

(Name, Address, Telephone Number)

(Name, Address, Telephone Number)

(Name, Address, Telephone Number)

Application for Admission

Please list testes given and resulting diagnosis:

Has the applicant ever been in counseling? ☐ Yes ☐ No

If yes, please describe the purpose, counselors name, and date of service.

Has the applicant ever been expelled or suspended out-of-school? ☐ Yes ☐ No

If yes, please describe the incident, school's name, and dates.

Please describe any behavioral difficulties encountered in school settings, with peers, or at home.

What extracurricular activities does the applicant participate in outside of school?

Please list outside interests or hobbies of the applicant.

Application for Admission

Educational Information:

Current School Name _____

School Address _____

City _____ State _____ Zip Code _____

Dates Attended: _____

Principal / Head Teacher _____

Telephone (____) _____ May we contact him/her? ☐ Yes ☐ No

Other school attended in the past three years:

School Address _____

City _____ State _____ Zip Code _____

Dates Attended: _____

Principal / Head Teacher _____

Telephone (____) _____ May we contact him/her? ☐ Yes ☐ No

School Address _____

City _____ State _____ Zip Code _____

Dates Attended: _____

Principal / Head Teacher _____

Telephone (____) _____ May we contact him/her? ☐ Yes ☐ No

Application for Admission

Journeys Academy admits students of any race, color, religion, national, and ethnic origin, and sexual orientation, or with any disability that can be reasonably accommodated by the school, to all right privileges, programs, and activities generally accorded or made available to students at Journeys Academy. Journeys Academy does not discriminate on the basis of such factors in the administration of its admissions, financial aid, educational, employment, or athletic policies.

All materials submitted will become property of Journeys Academy and cannot be returned. All information is held in the strictest confidence. Information about non-enrolled or withdrawn applicants is held for one year and subsequently destroyed.

A complete application package required the following:

- \$150.00 non-refundable application fee
- Transcripts from applicant's current school
- Any test results which pertain to the applicant's academic abilities
- A copy of the current IEP, if applicable
- An on-campus interview
- Copy of Birth Certificate and recent photo
- Copy of Physical and Immunization (DH-680 form)
- Student Behavior Agreement

Signatures

I attest by the signature(s) below the information provided on this application form is complete and accurate to the best of my knowledge. No information with regard to the profile of the applicant has been knowingly omitted.

Signature of Applicant

Date

Signature of Parent or Guardian

Date

Signature of Parent or Guardian

Date

Would you like to request an application for financial assistance? ☐ Yes ☐ No