

EVERY SCHOLAR!

EVERY DAY!

NO EXCUSES!



New Student Enrollment Application 2018 -2019

Required Documents to Enroll:

- ✓ Proof of Birth
- ✓ Current Immunizations
- ✓ Social Security Card
- ✓ Proof of Parentage/Guardianship
- ✓ Parent/Guardian Photo ID
- ✓ 2 Proofs of Residency:
Lease, Mortgage, or Tax Receipt
AND
Gas or Electricity Utility Bill*

*Current utility bill only; disconnect/shut-off notices will not be accepted.

Take or send this completed application to the Admissions Office.

By October 1st every Pre-K Student must be 4 years of age and every Kindergarten Student must be 5 years of age.

Website: www.pathwayacademy.net

Admissions Phone: (816) 621-7100 **Fax:** (816) 621-7101

Admissions Office: 2015 East 72nd Street, Kansas City, Missouri 64132

Email: admissions@pathwayacademy.net

Notice of Non-Discrimination

The Pathway Academy School District does not discriminate on the basis of sex, race, religion, color, national origin, ancestry, age, disability, sexual orientation, gender identity, or any other factor prohibited by law in its programs and activities. If you believe you have been subject to discrimination or harassment, or if you have any inquiries regarding the District's non-discrimination policies, please contact the Anti-Discrimination and Harassment Coordinator at 2015 East 72nd Street, Kansas City, Missouri 64132, or call (816) 621-7100.

SCHOLAR ENROLLMENT APPLICATION

Referred by: _____ Referral's Phone #: _____

Scholar Information:

Name: _____

Student Id: _____ Grade: _____ Primary Language: _____

Social Security # (Optional) _____ Date of Birth: _____

Gender:

Male Female

Special Information

Does your child receive Exceptional Education Services? Yes No

Does your child have an IEP? Yes No

Does your child have a 504 plan? Yes No

Does your child have special needs? Yes No

What is the exceptionality? Yes No

Is your child currently on long term suspension or expulsion? Yes No

Has your child been expelled or suspended 11 or more consecutive days? Yes No

If Yes, Date: _____ Reason: _____

Choose one ethnicity:

Hispanic/Latino

Not Hispanic/Latino

Check all appropriate Race (regardless of ethnicity):

American Indian/Alaskan Native

Asian

White

Black/African American

Native Hawaiian/Other Pacific Islander

Family Information:

Languages spoken at home: English Spanish Other language _____

Primary Parent/Guardian Name: _____ Relation to Student _____

Home Phone: _____ Cell Phone: _____

Email: _____ Address: _____

City: _____ State: _____ Zip: _____

Employer Name: _____ Work Phone: _____

Primary Parent Spouse Name: _____ **Relation to Student** _____

Cell Phone: _____ Email: _____

Employer Name: _____ Work Phone: _____

Other parent not in home: _____ **Relation to Student** _____

Phone: _____ Email: _____

Employer Name: _____ Work Phone: _____

Emergency Contact Information:

Name: _____

Relation to student: _____ Allow to leave with student: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Name: _____

Relation to student: _____ Allow to leave with student: _____

Cell Phone: _____ Home Phone: _____ Work Phone: _____

Sibling Information:

Sibling Name	School	Student ID	DOB	Grade

Does your child qualify for federal programs?

To help determine whether your child qualifies for a federal program, please check "Yes" or "No" in response to the following questions.

1. What was your child's first language? If "Other," which language? English Other
 2. Which language(s) does your child use (speak) at home and with others? If "other," which language? English Other
 3. Which language(s) does your child hear at home and understand? If "other," which language? English Other
 4. Are you sharing the housing of other persons due to loss of housing, economic hardship, or a similar reason? Yes No
- Reason:** Eviction Foreclosure Medicaid Crisis Disaster Fire Other: _____
5. Are you currently residing at a shelter, motel, hotel, in a car, or at a campsite because your home has been damaged or because of economic reasons above? Yes No
 6. Are you currently living in or participating with a community based temporary housing arrangement? Yes No
 7. Does the parent/guardian work for the federal government? Yes No
 8. Has either parent, guardian, child or child's spouse been employed within the past three (3) years (or any of the aforementioned currently employed) in some form of temporary or seasonal agriculture work such as: planting or harvesting crops, transporting farm products to market, working on a dairy or catfish farm, feeding or processing poultry, beef or hogs, cutting firewood or logs to sell, gathering eggs or working in hatcheries? Yes No
 9. Is either parent or guardian on active duty or reserve military? Yes No
 Active Duty National Guard or Reserve Not Military

Safe Schools Form

Instructions: This form must be completed for all new students enrolling in the Pathway Academy Schools. Submitting false statements or information to a student's disciplinary history is defined as a Class B Misdemeanor. Students could face removal from school for submitting false statements and/ or information regarding residency or disciplinary history.

Please answer the following questions. An explanation must be provided if you answer "yes" to any of the questions below.

1. Has the student ever been convicted of any felony offense(s)? Yes No

If "yes", please list offense(s) committed:

2. Has the student ever been charged with or adjudicated to have committed : 1st or 2nd Degree Murder, 1st Degree Assault, 1st Degree Robbery, Distribution of Drugs to a minor, 1st Degree Arson, Kidnapping, Prostitution or any Sexual Offenses (e.g., rape, sodomy, child molestation, sexual assault, sexual misconduct, sexual abuse, etc.)?

Yes No

If "yes", please list offense(s):

3. Is the student currently on long term suspension (11-180 school days) or expulsion from any in-state or out-of-state school (e.g., public, alternative, private, charter or parochial school) previously attended?

Yes No

If "yes", please explain the reason(s) for suspension or expulsion:

4. Please list all schools your child has attended within the past (24) twenty-four months. Please include each school's name, city and state in which they are located.

By signing and submitting this form in support of my child's enrollment in the Pathway Academy. I understand that it is a criminal offense (class B Misdemeanor-Section 167.023 RSMo) to give false information concerning prior disciplinary actions taken against my child for an offense in violation of School Board policies relating to weapons, alcohol, drugs or the willful infliction of injury to another person. I acknowledge and accept responsibility for the consequences of submitting false statements or information for the purpose of enrollment.

Parent/Guardian Signature: _____ Date: _____

Request for Release of Records

Student Information (to be completed by parent/guardian):

Student Name: _____ D.O.B: _____ Grade: _____

Prior School Information (to be completed by parent/guardian): For enrollment purposes, the parent/guardian has authorized the designated school to release, fax and/or mail any school records on the above student maintained by such school. Failure to complete prior school information may delay placement.

Name of last School attended _____ District: _____

Address: _____ City: _____ State: _____

Phone: _____ Fax: _____

Send record to: _____ Phone: _____ Fax: _____

Parent/Guardian Signature:

Parent Name: _____ Date: _____

Home Phone: _____ Cell Phone: _____

Note: Under law, the natural parent, legal guardian or foster parent may give permission for the release of records.

Pursuant to Section 167.020(7) and 167.022, RSMO, the school official enrolling a pupil, including any special education pupil, shall request the student's records from all schools, facilities, or state agencies (e.g., The Department of Social Services, The Department of Mental Health, The Department of Elementary and Secondary Education also all subdivisions thereof), and entities involved with the placement of the student within the last twenty-four months. Records for the homeless students, as defined in Section 167.022, RSMO, shall be requested from all schools previously attended by the pupil within the last twenty-four months.

Description of information to be released

Cumulative Permanent School Records
 Immunization Records
 Birth Certificate
 Discipline Records

Assessment Scores
 Psychological Reports
 Current MAP or other Standardized Test Scores
 Other (Specify):

Special Education Records (including) Active IEP Evaluation Report and Current Diagnostic Summary including Permission for Placement, 504 Accommodation Plan.

I authorize the school nurse to request immunization records from the doctor's office.

FOR OFFICE USE ONLY:		
Requested by:		
School Name:	Phone:	Fax:
<i>Note: A separate request must be submitted for each school, facility, state or entity.</i>		
The parent/guardian of the student above has requested admission into the Pathway Academy.		