

**EVERY SCHOLAR!**

**EVERY DAY!**

**NO EXCUSES!**



## **New student enrollment application 2017 -2018**

### **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.**

**Website:** [www.pathwayacademy.net](http://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](mailto: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:

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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):

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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:

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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.

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*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:
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*Note: A separate request must be submitted for each school, facility, state or entity.*  
 The parent/guardian of the student above has requested admission into the Pathway Academy.