



Pathways

STUDENT APPLICATION FOR PATHWAYS

2022-23 SCHOOL YEAR – For Office Use

Date application rec'd: _____

Date of acceptance: _____

STUDENT INFORMATION:

Student's name: first, middle, last	Home Address: Street	Phone Numbers: Home: Cell:
Preferred Name:	City State Zip code	Date of Birth: / /
Email:	Racial/Ethnic Background (African Am., Hispanic/Latino, Asian/Pacific Island, White, Native American or other)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female

PARENT INFORMATION

Father/Guardian name: first & last	Phone number:
Mother/Guardian name: first & last	Phone number:
Step-parent(s) name: first & last	Phone number(s):
Student resides with (Check one) <input type="checkbox"/> Both parents <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Alternating <input type="checkbox"/> Other:(explain)	

GENERAL EDUCATION BACKGROUND INFORMATION:

Name of school student formerly attended: Please attach additional schools on a separate sheet of paper if needed.		Year(s) Attended
(Note if student is currently being homeschooled.)		

School District of Residence	Most recent grade completed	Most recent homeroom teacher
Has your child been diagnosed with any of the following?		
<input type="checkbox"/> Attention Deficit Disorder (ADD)	<input type="checkbox"/> Oppositional Defiance Disorder (ODD)	<input type="checkbox"/> Autism
<input type="checkbox"/> Attention Deficit Disorder with hyperactivity/impulsivity (ADHD)	<input type="checkbox"/> Asperger's Syndrome	<input type="checkbox"/> Depression
<input type="checkbox"/> Emotional Disturbance	<input type="checkbox"/> Obsessive Compulsive Disorder (OCD)	<input type="checkbox"/> Behavioral Disorder
<input type="checkbox"/> Dyslexia, Dysgraphia or Dyscalculia	<input type="checkbox"/> Speech or Language Issue	<input type="checkbox"/> Hearing Impairment
<input type="checkbox"/> Other: (please list below)	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Brain Injury
Please comment on any diagnosis checked above.		Has your child had the following:

Parent Signature: _____

Date: _____

Pathways reserves the right to review the information stated above with the given reference person. Pathways does not discriminate on the basis of race, nationality, or ethnic origin in the administration of its admissions policy.