

## STUDENT APPLICATION FOR PATHWAYS

### 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:

Educational Choices and /or school(s) student formerly attended. Include grades if student was homeschooled and co-ops attended.			
School District of Residence		Most recent grade completed	
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"/> FASD	<input type="checkbox"/> Visual Impairment	<input type="checkbox"/> Brain Injury	
<input type="checkbox"/> Other: (please list below)	<input type="checkbox"/> Attachment Disorder		
Please comment on any diagnosis checked above.			Has your child had the following: <input type="checkbox"/> Psychologic al evaluation <input type="checkbox"/> IEP

**GENERAL STUDENT INFORMATION:**

1. In which academic area does your child experience the greatest success? Explain.
  
2. In which academic area does your child experience the greatest frustration? Explain.
  
3. List past math curriculum(s) and areas covered:
  
4. Please explain any special instruction or academic modifications your child has received.
  
5. Does your child have any physical handicaps? If yes, please explain.
  
6. Has your child ever been suspended or expelled from another school? If yes, please explain the circumstances and the resulting action taken.
  
7. List specific hobbies, interests and abilities your child possesses.
  
8. List any extra-curricular (including sports) or community activities your child is currently or has recently participated in. Please give an estimate of the average hours per week that your child devotes to these activities.
  
9. Please add any additional helpful information concerning your child that is not covered in the questions above.

List one reference person that may be contacted as a character reference (non-relative). List name, address, email address and phone number.

Include a recent transcript, report card, or evaluator's form that addresses academic ability and work habits. Traditional homeschoolers may include a written reference from a third party if a transcript or report card is not available.

Parent Signature: \_\_\_\_\_

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

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.