

Pathways Academy of Technology & Design Magnet High School STUDENT ENROLLMENT -2018-2019

What is the student's ethnicity/race? (Please circle ALL that apply: Hispanic/Latino Yes or No AND American Indian or Alaskan Native Y or N Black or African American Y or N Native Hawaiian Or Other Pacific Islander Y or N

A. STUDENT INFORMATION:

Last Name: _____ First Name: _____ Generation (Jr., I, II, III) _____ M.I. _____ D.O.B. _____
Student's Social Security #: _____ Birth Place: _____ Ethnicity: _____ Gender () F () M Grade: _____
Address: _____ City: _____ State: _____ Zip: _____

B. PARENT/GUARDIAN INFORMATION:

Parent/Guardian (Primary): _____ Relationship: _____ Employer: _____ Telephone: _____
E-Mail Address: _____ Work Phone: _____ Cell: _____
Parent/Guardian (Secondary): _____ Relationship: _____ Employer: _____ Telephone: _____
E-Mail Address: _____ Work Phone: _____ Cell: _____
Secondary parent/guardian:
Address if different from above: _____ City: _____ State: _____ Zip: _____
Would you like the secondary parent/guardian to receive mail Y or N please circle one.

C. INSTRUCTIONAL PROGRAM:

Has child previously been identified as requiring Special Education Services: () yes () no Please circle if you would like to receive school communications in Spanish: YES
Has child previously been identified as requiring Bilingual Services: () yes () no Are you interested in being a part of the PTO committee: yes or no (please circle one)
Does your child receive 504 services: yes or no (circle one) Are you interested in being a part of the SGC committee: yes or no (please circle one)
(SGC=School Governance Council)

D. PREVIOUS SCHOOL INFORMATION:

Name of School: _____ City/Town: _____

E. EMERGENCY CONTACT INFORMATION (must have at least one emergency contact other than parent noted above if available):

Name: _____ Relationship: _____ (Home #): _____ (Cell): _____
Name: _____ Relationship: _____ (Home #): _____ (Cell): _____

Are these people allowed to pick up your child from school? () yes () no

Signature Parent/Guardian: _____ Signature of staff member: _____ Date: _____