1088 Bagwell Drive, Scottsburg, VA 24589
(434) 476-5131 Grades K – 12 Fax (434) 476-5132

Student Record
DO NOT WRITE IN THIS AREA

2014-2015

APPLICATION FOR ADMISSION

APPLICANT INFORMATION

Last Name *First Name* *Middle Name* *Nickname*

Home Address *City* *State* *Zip Code*

Female ◯
Male ◯ *Age* / / *Social Security Number* *Date of Birth* *County*

Home School *Address* *Grade*

City *State/ Zip Code*

FAMILY INFORMATiON

Applicant Lives With? ◯ **Mother** ◯ **Father** ◯ **Other:** ____________

PARENT/GUARDIAN INFORMATION

Name *Occupation* *Company*

Home Address *City* *State* *Zip Code*

Home Telephone *Cell Phone* *Other*

E-Mail Address

Business Address *City* *State* *Zip Code*

E-Mail Address

PARENT/GUARDIAN INFORMATION

Name *Occupation* *Company*

Home Address *City* *State* *Zip Code*

Home Telephone *Cell Phone* *Other*

E-Mail Address

Business Address *City* *State* *Zip Code*

E-Mail Address

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MEDICAL INFORMATION

Allergies: ○ ***Yes*** *(List)* ○ ***No***

○ ***Medication(s):*** *(List below)*

Special Diet: ○ ***Yes*** *(List)* ○ ***No***

Special Needs: ○ ***Yes*** *(List)* ○ ***No***

			List Name:	***Telephone:***
Therapist:	○ ***No***	○ ***Yes***		
Psychiatrist:	○ ***No***	○ ***Yes***		
Mentor:	○ ***No***	○ ***Yes***		
Probation Officer:	○ ***No***	○ ***Yes***		
Truancy Officer:	○ ***No***	○ ***Yes***		
Physician:	○ ***No***	○ ***Yes***		
Social Worker:	○ ***No***	○ ***Yes***		

EMERGENCY CONTACT

Name	***Relationship***	***Telephone Number***
Name	***Relationship***	***Telephone Number***
Name	***Relationship***	***Telephone Number***

EDUCATION ******DOCUMENTS LISTED BELOW MUST ACCOMPANY YOUR APPLICATION PRIOR TO ACCEPTANCE******

- ○ **Individualized Education Plan (IEP)**
- ○ **Attendance Record**
- ○ **Physical/Medical Record**
- ○ **Academic Record/Transcript**
- ○ **Behavior Reports**
- ○ **Immunization Record**

PAYEE SOURCE

- ○ **Family Assessment & Planning Team (FAPT)**
- ○ **Child Support Agency (CSA) Referral**
- ○ **Department of Social Services (DSS)**
- ○ **Private:**
- ○ **Other:**
- ○ **Other:**

FOR PATHWAYS DAY SCHOOL USE ONLY

○ **Accepted**

○ **Denied/ Reason:**

Date: