

Journey K8 Application 2018-2019

-Please print out, and then type or print clearly
-Applications will be accepted until we are full, then a waiting list will be created. -
Please return application via e-mail to journeyk8help@asd20.org

Student Information

Name: _____
Last First Middle

Address: _____
Street City State Zip

Best Contact Phone Number: _____

Current School: _____ Grade: _____

Parent/Guardian Names: _____

Parent e-mail address: _____

Is your child currently on any of the following plans:	<input type="checkbox"/> IEP <input type="checkbox"/> 504	<input type="checkbox"/> ALP <input type="checkbox"/> ILP	<input type="checkbox"/> ELL <input type="checkbox"/> RTI	<input type="checkbox"/> Truancy/Truancy Elimination Plan
Explanation (If needed)				

How did you hear about our school program?

Why are you interested in this school program?

How do you describe yourself as a learner and a classmate?

Student Signature: _____ Date: _____

Parent Signature: _____ Date: _____