



Admissions Application 2019-2020

Child's name: _____ Male Female Grade: _____

Previous School: _____ Birth date: _____

How did you hear about Journey? _____

Parent/Guardian	Parent/Guardian
Name: _____	Name: _____
Relationship _____	Relationship _____
Home#: _____ Cell#: _____	Home#: _____ Cell#: _____
E-mail address: _____	E-mail address: _____
Address: _____	Address: _____
City, Zip: _____	City, Zip: _____
Employment: _____ Work#: _____	Employment: _____ Work#: _____

I DO give permission for my information to be on the Journey Parent Organization Directory.

I DO NOT give permission for my information to be on the Journey Parent Organization Directory.

My child has: IEP 504 Date of last renewal: _____ N/A

Emergency Contact Information

Emergency Contact Name: _____ Phone #: _____

Physician's Name: _____ Phone #: _____

List any known allergies or other necessary medical information: _____

May we administer your child with either of the following if needed? [] pain reliever [] Benadryl

Please list those persons not listed above that are allowed to pick up your child (a driver's license will be required to pick up child if person is unknown to teacher)

Name: _____ Phone: _____ Relationship: _____

Name: _____ Phone: _____ Relationship: _____

OFFICE USE ONLY - To register: return this form with the following:			
<input type="checkbox"/> Application Fee (nonrefundable)	<input type="checkbox"/> Material/Curriculum Fee (nonrefundable)		
<input type="checkbox"/> School records (report card, testing, etc.)	<input type="checkbox"/> Immunization Records	<input type="checkbox"/> Child's birth certificate	