

# Pathways Communications Academy Application for Admission

Student's Name: \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_  
(Street) (City) (Zip)

Parent/Guardian(s): \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

Student's I.D.# \_\_\_\_\_ 4<sup>th</sup> Period Teacher: \_\_\_\_\_

Are you interested in participating in any of the following programs/activities? *(Please Check)*

\_\_\_ Band \_\_\_ Choir \_\_\_ ROP \_\_\_ AP Classes \_\_\_ Dance \_\_\_ Athletics

How many days of school have you missed this year? \_\_\_\_\_ Current G.P.A. \_\_\_\_\_

**Parent/Guardian, please read carefully and sign:**

I understand that Pathways Communications Academy is a unique learning opportunity for students, grades 10-12 at D.B.H.S. that will require off campus job shadowing, mentoring with business/community leaders, business internships, as well as a commitment to complete 15 service learning hours each year. I also understand that in order for my student to be successful, parental support and involvement will be required. I grant permission for my son/daughter to apply for admissions to this program.

Parent/Guardian  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Return completed application to Mrs. Salas, Pathways GLC Room 351, Mrs. Brummett or Mr. Desmond*

*Application deadline for program participation 19-20 school year: Thursday, February 28, 2019*

*Interview Date: Thursday, March 7, 2019*

*Applicants must complete the required essay questions on the reverse side of this form.*



