



PANTHER ACADEMY APPLICATION

Office Use Only

Date Received ___/___/___

Interview Scheduled
___/___/___

@ _____:

Digital

Blended (Formerly ACE/ ACEN)

STUDENT INFORMATION

NAME _____ DATE OF BIRTH _____
(FIRST) (MIDDLE) (LAST) (NAME TO BE CALLED) MONTH / DAY / YEAR

CURRENT GRADE _____ STUDENT ID # _____ GENDER: MALE / FEMALE

SOCIAL SECURITY NUMBER (OR ASSIGNED NUMBER) _____

RACE (CIRCLE ONE OR MORE IF APPLICABLE) WHITE BLACK HISPANIC ASIAN / PACIFIC ISLANDER AMERICAN INDIAN / ALASKAN

MAILING ADDRESS _____ CITY _____ ZIP _____

911 ADDRESS (IF DIFFERENT FROM ABOVE) _____ CITY _____ ZIP _____

STUDENT LIVES WITH (CIRCLE ONE)	BOTH PARENTS	MOTHER ONLY	FATHER ONLY	FOSTER PARENT
	LEGAL GUARDIAN	MOTHER/STEP-FATHER	FATHER/STEP-MOTHER	OTHER
LEGAL GUARDIANSHIP (CIRCLE ONE)	BOTH PARENTS	MOTHER ONLY	FATHER ONLY	OTHER (SPECIFY):

LIST PARENT / GUARDIAN WITH WHOM STUDENT LIVES

PARENT/GUARDIAN NAME		RELATIONSHIP TO STUDENT	
ADDRESS (IF DIFFERENT FROM ABOVE)		EMPLOYER/OCCUPATION	
HOME PHONE	CELL PHONE	WORK PHONE	
PARENT/GUARDIAN NAME		RELATIONSHIP TO STUDENT	
ADDRESS (IF DIFFERENT FROM ABOVE)		EMPLOYER/OCCUPATION	
HOME PHONE	CELL PHONE	WORK PHONE	

IT IS THE LAW: ACT 663—SECTION (5) (H) ANY PERSON WHO KNOWINGLY GIVES A FALSE RESEDENTIAL ADDRESS FOR THE PURPOSES OF PUBLIC SCHOOL ENROLLMENT IS GUILTY OF A MISDEMEANOR AND SUBJECT TO A FINE

NAMES AND AGES OF OTHER CHILDREN LIVING IN HOUSEHOLD

EMERGENCY INFORMATION

PLEASE LIST TWO PEOPLE WE CAN CONTACT IF THE PARENT/GUARDIAN CANNOT BE REACHED.

NAME		RELATIONSHIP TO STUDENT	
HOME PHONE	CELL PHONE		WORK PHONE
NAME		RELATIONSHIP TO STUDENT	
HOME PHONE	CELL PHONE		WORK PHONE

ACADEMIC INFORMATION

· NAME, ADDRESS, AND PHONE NUMBER OF LAST SCHOOL ATTENDED:

· IS ENROLLEE CURRENTLY UNDER A LONG-TERM SUSPENSION/EXPULSION FROM HIS/HER PREVIOUS SCHOOL OR IS AN EXPULSION CONFERENCE PENDING? YES NO

· DO YOU HAVE ACCESS TO THE INTERNET? YES NO

INTERNET PROVIDER: _____

PARENT/GUARDIAN E-MAIL ADDRESS _____

· DOES THE STUDENT REQUIRE SPECIAL SERVICES? YES NO

IF YES, CIRCLE ALL THAT APPLY. SPEECH ESL RESOURCE INCLUSION 504 PLAN GIFTED AND TALENTED DYSLEXIA OT/PT

FOLDER HOLDER STATEMENT (only for students with an IEP):

Please have this portion completed by the special education teacher that holds your child's IEP.

STUDENT STRENGTHS	STUDENT CONCERNS

IF THE STUDENT HAS AN IEP OR LPAC, PLEASE HAVE THE FOLDER TEACHER SIGN HERE TO INDICATE THAT THEY SUPPORT THIS APPLICATION.

PRINT NAME _____

SIGNATURE _____ DATE _____

DIGITAL STUDENTS

IN ORDER TO BE CONSIDERED FOR PANTHER ACADEMY'S DIGITAL LEARNING OPTION, YOU MUST PROVIDE TWO TEACHER RECOMMENDATIONS INDICATING YOU ARE A GOOD FIT FOR THIS PROGRAM AND WOULD THRIVE IN THIS LEARNING ENVIRONMENT. PLEASE INCLUDE THE RECOMMENDATIONS BELOW.

RECOMMENDATION ONE:

TEACHER NAME (PRINT)	
CAMPUS	
STUDENT STRENGTHS	
STUDENT CONCERNS	

RECOMMENDATION TWO:

TEACHER NAME (PRINT)	
CAMPUS	
STUDENT STRENGTHS	
STUDENT CONCERNS	

DIGITAL LEARNING CONTRACT

By signing below, you acknowledge and understand that:

- Students in seventh-twelfth grade are on a semester contract. If a student wishes to return to an onsite location, they will only be able to do so at semester break.
- Students will report to campus to take assessments.

STUDENT

DATE

PARENT

DATE

PANTHER ACADEMY OFFICIAL

DATE