

Application for Admission Bolder Pathway School



Please print your answers in the space below. Gray areas are for staff use only.

Date of Application: _____ Date Received: _____ Initials: _____

Student's Information

Full Name: _____ Nickname: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Grade Level: _____

Family Information

(Please indicate which parent should be listed as primary contact.)

Mother's (or Primary Guardian) Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail Address: _____

Father's (or Secondary Guardian) Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

E-Mail Address: _____

Please describe any special family information about family history that has impacted your child's education.
(Examples: divorce, trauma, sibling issues, adoption, etc.)

Educational History

Previous School: _____ Year(s) Attended: _____

Street Address: _____

City: _____ State: _____ Zip: _____

If student has attended multiple schools over the last 2 years, please attach information for those schools to the application.

Areas of Academic Strength and Interest: _____

Areas of Academic Weakness and Dislike: _____

Does the student currently have or has ever had: IEP 504 Plan Behavior Plan (BIP)
 RTI ILP Educational Assessment Other Educational or Behavior Interventions
(Please attach copies of these items to the application.)

Please list any disabilities or special abilities the student has been diagnosed with:

What grade level is your child currently performing in:

Math: _____ Science: _____ Social Studies: _____

Reading - Comprehension: _____ Decoding: _____ Fluency: _____

Writing – Spelling _____ Fluency: _____ Editing: _____

Please list languages your child knows, including ASL and current grade level:

Please share with us anything else you feel is important about your child’s academic history:

Why do you feel that Bolder Pathway is the right school for your child?

Medical History

Please describe any physical or dietary restrictions for your child, any medications, or current medical diagnosis that the school should be aware of: _____

Social-Emotional History

Please describe any social or emotional needs of your child including the need for sensory breaks, social interaction difficulties, or other things they may need to feel safe in their school environment: _____

Bolder Tutor, LLC does not discriminate on the basis of sex, race, color, disability, religion or national origin in the administration of its admission policies, educational policies, or any other programs run by the company.

As parent(s) / legal guardian of the student applicant, I hereby confirm that the information on this application is correct and true.

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Please use this check list to ensure you have provided all the application materials required.

- Immunization records
- Academic testing: IQ and/or aptitude, DRA or other reading test, CSAP and/or TCAP scores, etc.
- IEP or 504 plan
- Behavior plan
- Last school year's report card and current report card or progress updates.
- Signed release for school records and permission to collaborate with therapists, doctors, etc.

Records Release

I hereby give my child’s present school permission to release the following information concerning my child to Bolder Tutor, LLC: test scores, teacher and counselor reports or comments, transcripts, report card, and immunization card. I also give Bolder Tutor, LLC permission to contact the following people with regards to my child’s educational, medical, and Social-Emotional history:

_____	_____
_____	_____
_____	_____
_____	_____

Student’s Full Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____ Age: _____ Grade Level: _____

Parent(s) / Legal Guardian Signatures:

Name: _____

Name: _____

Signature: _____

Signature: _____

Date: _____

Date: _____

Please check this box if you would like the names of other individuals blacked out when using this form to contact and obtain records from the school or other professionals listed.