



Application for Admission

Pathways Academy School for Dyslexia
4010 Canton Road, Suite 120
Marietta, GA 30066
770-973-5588

Website: Pathwaysacademy.org
Email: Pathwaysacademy@mindspring.com

Applying for Grade: _____ Date of Application: _____ School Year: _____

Applicant Data

Applicant's Name: _____ Name Used: _____

Address: _____

City: _____ State: _____ Zip _____ County: _____

Home Phone: _____ Gender: M F Date of Birth: _____

FAMILY DATA

Father _____ Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Email: _____

Business or Profession _____

Business Name _____ Business Phone _____

Business Address _____ City _____ State _____ Zip _____

Mother _____ Home Phone _____ Cell Phone _____

Address _____ City _____ State _____ Zip _____

Email: _____

Business or Profession _____

Business Name _____ Business Phone _____

Business Address _____ City _____ State ____ Zip _____

Names and ages of siblings: _____

If separated/divorced, with which parent does the child reside? _____

School History

Present School: _____

Address: _____

Public ____ Private ____ Boarding School ____ Home School ____

Please explain the type of school difficulty that has been experienced by your child.

Use back of form in additional space is needed.

Additional Information:

Was child adopted? Yes _____ No _____ If yes, at what age? _____

How were you referred to Pathways Academy? _____

Has your child ever undergone an educational evaluation administered by a psychologist, psychiatrist or counselor? _____

List any diagnoses your child received as a result of the testing performed:

List any notable health problems? _____

Does your child take any medication on a daily basis? _____

Please Attach:

Recent Photograph