


# Personalized Academy for Learning (PALS)

## Student Admission Form

Student: _____ Birthday: ____ / ____ / ____ Start Date: ____ / ____ / ____

Address: _____ City: _____ Zip Code: _____

District: _____ Current Grade: _____ Anticipated Graduation Date: ____ / _____

Student Cell: _____ / _____ / _____ Primary Language Spoken _____

Reason for Referral: _____

Is the child eligible to participate in a coop program as per LEA? ◯Yes ◯No
Does the LEA & Guardian permit child to drive to school? ◯Yes ◯No
In an emergency, is the child able to use FREE public transportation? ◯Yes ◯No

Parent/Guardian Name #1: _____ Work Phone: ____ / ____ / ____ Cell: ___ / ____ / ____

Guardian Email #1: _____

Parent/Guardian Name #2: _____ Work Phone: ____ / ____ / _____Cell: ___ / ____ / ____

Guardian Email #2: _____

Emergency Contact: _____ Relationship: _____ Cell: ____ / ____ / ____

Are any agencies currently working with your family? ◯Yes ◯No Please list: _____

**Documentation to the PALS Program prior to student entry**

**Fax: 570-208-9291** **Email: tkingeter@liu18.org**

- ☐ Student Admission Form
- ☐ Attendance Records
- ☐ Immunization Records
- ☐ Transcripts
- ☐ Discipline Reports
- ☐ NOREP/IEP/ Re-Evaluation
- ☐ LEA Exit Grades
- ☐ Emergency Form

**District procedures needed to be completed at Home School**

- ☐ Meeting Completed
- ☐ Transportation Arranged
- ☐ PALS Meeting Scheduled
- ☐ Student Admission Form

In case of an accident & other contacts listed on this form cannot be reached, the LIU, attending physician, or hospital is authorized to act on my behalf so that procedure/treatment can be administered to my child. I will assume the responsibility for **ALL** payment involved for the care of my child.

**Guardian Signature:** _____ **Date:** ____/_____/____

Submit Reset