



Admissions Application

Student Information

- Full Name: _____
- Preferred Name (if any): _____
- Date of Birth: _____ | Gender: ☐ Male ☐ Female ☐ Other: _____
- Grade Applying For: _____ | School Year: _____
- Home Address: _____
City: _____ State: _____ Zip Code: _____

Parent/Guardian Information

Parent/Guardian #1

- Full Name: _____
- Relationship to Student: _____
- Phone (Primary): _____
- Email: _____
- Address (if different from student): _____

Parent/Guardian #2

- Full Name: _____
- Relationship to Student: _____
- Phone (Primary): _____
- Email: _____
- Address (if different from student): _____

Trust The Journey is a 501(c)(3) Nonprofit Organization, EIN 92-3660438.



Previous Educational Information

- Last School Attended: _____
- School Address: _____
- Phone: _____ Fax: _____
- Dates Attended: From _____ to _____
- Reason for Leaving: _____
- Has your child ever been suspended, expelled, or withdrawn due to behavioral concerns? ☐ Yes ☐ No
If yes, please explain: _____

Special Education Needs & Services

- Does your child have a diagnosed disability or developmental delay? ☐ Yes ☐ No
If yes, please describe: _____
- Does your child currently have an IEP, 504 Plan or ETR? ☐ Yes ☐ No
(Please include a copy with your application.)
- Services currently received (check all that apply):
☐ Speech Therapy ☐ Occupational Therapy ☐ Physical Therapy
☐ ABA/Behavioral Services ☐ Counseling ☐ Special Education Services
☐ Other: _____

Parent/Guardian Acknowledgment

I certify that the information provided in this application is true and complete to the best of my knowledge. I understand that submission of this application does not guarantee enrollment, and that additional screening, records, or meetings may be required prior to acceptance.

Parent/Guardian Signature: _____

Date: _____