



Application for Admission

Student's Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Date of Birth: ____/____/____ Sex: Male Female

Ethnicity (select one): Hispanic/Latino Non-Hispanic/Latino

Race (select all that apply): American Indian/Alaskan Native Asian
 Black/African American Caucasian Hawaiian/Pacific Islander Other

Home Phone: (____) _____ - _____

Current School: _____ Current Grade: _____

Parent/Guardian Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Home Phone (if different from student): (____) _____ - _____

Cell Phone: (____) _____ - _____

Work Phone: (____) _____ - _____

Email Address: _____@_____

I hereby give permission for my student to apply to Path Academy:

Parent/Guardian Signature (Student Signature if over 18) Date

****We are accepting applications until October 1st or until all seats are filled****

Submit Application

<p><i>Mail:</i> Path Academy Windham 832-842 Main St Willimantic, CT 06226</p>	<p><i>Fax:</i> (860) 371-2122</p>	<p><i>Scan and Email:</i> bcolon@pathacademywindham.org</p>
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