***EMAIL TO*** ***admissions@pathwyaschools.org***

***AT TIME OF ENROLLMENT, DISCHARGE, OR RELATED SERVICE CHANGE***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  The Pathways Schools Administrative Office 1106 University Blvd., West ~ Silver Spring, MD 20902 301-649-0778 |  | ***Mark one*** | ***Purpose of Form*** | ***Effective Date*** |
|  |  | **Enrollment** |  |
|  |  | **Discharge/Withdrawal** |  |
| **Enrollment/Withdrawal/Change of Service Form** |  |  | **Change of Service** |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| *Student Name*First, Middle, Last |  |  | *Site* |  |  | *County/LSS:* |  |

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| --- |
| *Student Information* |
| Unique ID# |  |  | Date of Birth:  |  |
| Local ID#: |  |  | Grade: |  |
| Address: |  |  | Gender: |  |
|  |  |  | Race: |  |
| Phone Numbers: |  |  | Disability Code(s): |  |

|  |  |  |
| --- | --- | --- |
| *Primary Contact Information* |  | *Parent/Guardian/Other Contact information* |
| Name(s): |  |  | Name(s): |  |
| Relationship: |  |  | Relationship: |  |
| Address: |  |  | Address: |  |
|  |  |  |  |  |
| Home Phone: |  |  | Home Phone: |  |
| Cell Phone: |  |  | Cell Phone: |  |
| Work Phone: |  |  | Work Phone: |  |
| Email: |  |  | Email: |  |

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| *Related Services* |
| *Service* | *Evaluation in Record*Psychological, speech, and/or OT | *Frequency and minutes per week* | *Last IEP date* | *Mark/note if change in related service* |
| Counseling | Yes or no |  |  |  |
| Speech |  |  |  |  |
| OT |  |  |  |  |
| 1:1 aide |  |  |  |  |
| Other |  |  |  |  |

DISCHARGE INFORMATION

Remember to place in student file: final attendance grid, report card, updated transcript

Send to LSS: final report card and most updated transcript

|  |
| --- |
| *Transfer between Pathways sites* |
| From: |  | To: |  |

|  |
| --- |
| *Graduation Information* |
| Diploma or Certificate |  | Graduation Date: |  | County Home School: |  |

*Discharge Summary:* (incl. info about reason for discharge, transfer to another school, general post-grad work and/or education plans, referrals to adult svcs)

Principal’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_