



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: rmusto@liu18.org

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

District procedures needed to be completed at Home School

Meeting Completed	PALS Meeting Scheduled
Transportation Arranged	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: ___ / ___ / ___