



Office Use Only Year: _____ D - _____ T - _____
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Journey School of Choice - Student Application

Name: _____ Today's Date _____

Address: _____

City: _____ Zip: _____

Phone: _____ Target Graduation Date: _____

Last School Attended: _____ Referred by: _____

Parent/Guardian Information

Name #1: _____ Name #2: _____

Relationship: _____ Relationship: _____

***Submit a reference letter from two teachers that you have had this school year, or if it is a summer application, teachers that you had the year you just completed.**

***Please submit answers to the following questions in complete sentences and on a separate sheet of paper.**

1. Why do you want to attend the school of choice?
2. What do you see as your role as a student at the school of choice, (i.e., leadership, positive attitude, work ethic, etc.)?
3. What are your biggest obstacles to overcome to be a successful student?
4. What changes do you need to make to overcome these obstacles?
5. What are your plans for the future after you earn your diploma?

Student signature: _____ Date: _____

Return to: **Journey School of Choice, Attn: Mrs. Rena Duewel**
2540 Junction Road, Kansas City, Kansas 66106
Phone: 913-288-3690 Fax: 913-288-3691
duewelr@turnerusd202.org