



Journey School of Choice - Parent /Guardian Application

Student Name: _____

Parent(s)/Guardian(s) Name: _____

Address: _____ City: _____ Zip: _____

Email Address: _____

Relationship to student, if not parent: _____

Phone # where you can be reached during the day \cell phone _____

***Please submit answers to the following questions on a separate sheet of paper.**

Why do you want your student to attend the school of choice?

How will you demonstrate accountability for your student's success?

What possible obstacles do you foresee affecting the success of your student? (i.e., no WiFi at home, student employment, etc.)

Parents 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**