



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.**

- 1. Why do you want your student to attend the school of choice?**
- 2. How will you demonstrate accountability for your student's success?**
- 3. 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**