

Philip Michael Pennington School
Specialty Program
Grades One - Eight



Home of the Blue Jays

Application Packet
2019 - 2020

Amanda McCulla, Principal
David Anderson, Assistant Principal
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9305 Stonewall Road
Manassas, VA 20110
Phone 703.369.6644/Fax 703.369.4206
<https://pennington.pwcs.edu>

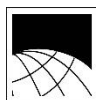
APPLICATION DEADLINE

Completed application packets must be received in the main office of Pennington School by 4:00 p.m. on Friday, February 1, 2019, or be postmarked by February 1, 2019.

Students who move to Prince William County after January 1st have 60 days from enrollment in a PWCS to apply to Pennington School. The application will be processed within 30 days. Students who are placed on the waitlist can be pulled in through September 30. Students who remain on the waitlist after September 30 are invited to reapply next year.

Pennington services the following elementary schools:

Alvey, Bennett, Bristow Run, Buckland Mills, Cedar Point, Chris Yung, Coles, Ellis, Glenkirk, Gravely, Haymarket, Loch Lomond, Marshall, Mountain View, Mullen, The Nokesville School, Penn, Piney Branch, Signal Hill, Sinclair, Sudley, T. Clay Wood, Tyler, Victory, West Gate, and Yorkshire.



Prince William County
PUBLIC SCHOOLS
Providing A World-Class Education

The Prince William County School Division does not discriminate in employment or in its educational programs and activities against qualified individuals with disabilities, nor on the basis of age, gender, race, color, religion, or national origin.

PHILIP MICHAEL PENNINGTON SCHOOL

SPECIALTY PROGRAM

GRADES ONE - EIGHT

9305 STONEWALL RD.

MANASSAS, VA 20110

703.369.6644 FAX 703.369.4206

<https://pennington.pwcs.edu>

OFFICE USE	
Complete	_____
Early birthdate:	<u>yes</u> <u>no</u>
Parent Contact:	_____

APPLICATION FOR 2019 – 2020 CONTENTS CHECKLIST

Student Name _____ **Grade Level 2019 - 2020 (Next Year):** _____

Current School _____ **Base School** _____

- _____ Student/Parent Application Form.....3
- _____ Student/Parent Enrollment Contract.....4
- _____ Parent Information Form.....5
- _____ Specialty Program Transportation Information Form.....6
- _____ Student Transfer Request Form.....8
(Complete only Part I including Parent/Guardian signature. Submit with the application.)
- _____ Teacher Recommendation Form.....9
(Attach the student’s PWCS 1st Quarter Writing Prompt)
- _____ Copy of the student’s most recent report card

Parent/Student: It is the parent/guardian and student’s responsibility to ensure the completion of the application packet and that all of the above components are turned in on time. Applications may be turned in or mailed to:

Philip Michael Pennington School
9305 Stonewall Road
Manassas, VA 20110
ATTENTION: 2019 - 2020 Application

Only **completed** application packets will be processed. **Incomplete** applications **will not** be processed.

Completed application packets must be received in the main office of Pennington School by 4:00 p.m. on Friday, February 1, 2019, or be postmarked by February 1, 2019.

PHILIP MICHAEL PENNINGTON SCHOOL
SPECIALTY PROGRAM
GRADES ONE – EIGHT
STUDENT/PARENT 2019 – 2020 APPLICATION

STUDENT INFORMATION Please **Print** or **Type** All Information

Student Name _____
Last Name First Middle

Is this student a sibling of a current Pennington student? _____ **Name:** _____

D.O.B. _____ Gender _____ Twin? _____ Twin's Name _____

Address MUST reflect student's permanent residence as of the date of the application.

Permanent Address _____
Street Address City State Zip Code

Neighborhood (**Base**) School _____

CURRENT School _____ **CURRENT Grade Level** _____
(2018-2019)

PARENT/GUARDIAN INFORMATION

Father or Legal Guardian (Full Name) _____

Permanent Address
Number _____ Street _____ Apt _____ City _____ State _____ Zip _____

Home Phone _____ Cell _____ E-mail _____

Mother or Legal Guardian (Full Name) _____

Permanent Address
Number _____ Street _____ Apt _____ City _____ State _____ Zip _____

To be filled out by Parent/Guardian:

Do you have other students applying? Yes No

Name: _____ current 2018/19 Grade _____ Rising Gr _____

Name: _____ current 2018/19 Grade _____ Rising Gr _____

Name: _____ current 2018/19 Grade _____ Rising Gr _____

Do you have student(s) currently attending Pennington? Yes No

Name: _____ Grade _____

Name: _____ Grade _____

Name: _____ Grade _____

PHILIP MICHAEL PENNINGTON SCHOOL
STUDENT AND PARENT 2019 - 2020 ENROLLMENT CONTRACT

Pennington School is a specialty school in Prince William County. The foundation of this “School of Choice” includes rigorous academic instruction, strong performance expectations, high behavioral standards, and consistent parental involvement.

Parents and students are expected to fulfill the requirements of this contract to remain at Pennington School.

PENNINGTON STUDENTS ARE EXPECTED TO:

- Strive for academic success.
- Wear the designated school uniform daily and adhere to the uniform policy.
- Participate in school and/or community service projects each year, depending on grade level.
Grades 1 – 3 complete 10 hours, Grades 4 – 5 complete 15 hours, Grades 6 – 8 complete 20 hours
- Follow the Prince William County Public School Code of Behavior.
- Follow the Pennington Code of Conduct, Uniform Policy, and academic standards.
- Maintain outstanding conduct, work habits, and daily attendance.
- Successfully complete all prerequisites before enrolling.

PENNINGTON PARENTS ARE EXPECTED TO:

- Participate in 10 hours of **Pennington-school** related activities for each child enrolled (parent workshops, volunteer programs, mentoring, PTO, and/or Advisory Council).
- Support the Prince William County Public School Code of Behavior.
- Support the Pennington Code of Conduct, Uniform Policy, and academic standards.
- Reinforce appropriate study habits and behavior standards.
- Promote self-esteem, self-respect, and self-empowerment.

If parents/students do not uphold this Enrollment Contract during the school year, the student’s transfer will be denied for the upcoming school year, and the student will return to their base school.

Student/Parent Commitment: I, the undersigned, understand and will follow the requirements and expectations of the student/parent contract of Pennington School.

Parent/Guardian Signature _____ Date _____

Student Signature (ALL STUDENTS) _____ **Date** _____

PHILIP MICHAEL PENNINGTON SCHOOL

2019 - 2020

PARENT INFORMATION FORM

STUDENT'S NAME _____

CURRENT SCHOOL _____

In the space below, please explain how Pennington School can support your child's education. Please provide additional information the Student Review Committee should consider when reading your child's application.

Parent/Guardian Signature _____ Date _____

PRINCE WILLIAM COUNTY PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
2019 - 2020

SPECIALTY PROGRAM TRANSPORTATION INFORMATION FORM

The Transportation Department's mission is to provide safe and on-time transportation for Prince William County students. In order to provide this service for the specialty programs, please complete the following information. Accurate and complete student information will assist the Bus Operations Section in allocating drivers, buses, and establishing express bus stops for all eligible specialty program students before the school year begins.

Express bus stop service differs from regular neighborhood service in that the parents have full responsibility to provide transportation to and from the express bus stops which are select PWC schools/parks. Express buses stop at express bus stops only.

Student's Name: _____

Address: _____
(Include street, road, boulevard, circle, court, place, way, loop, drive, avenue, etc.)

City, State, Zip Code: _____

Phone: H: _____ **W:** _____ **C:** _____

(See available Express Bus Stops on reverse side)

A.M. Express Bus Stop Name: _____ **Number:** _____

P.M. Express Bus Stop Name: _____ **Number:** _____

If your child does not require express bus transportation, please check the box.

Once an express stop is established, it will remain in effect for the entire school year unless there are no students at the stop for five (5) days. An express bus stop can be reestablished within five (5) days of notice. During the two weeks before and after school starts, no express stops will be added that will change the route or schedule by five (5) minutes or more.

Please be assured that the Transportation Department employees will work closely with you to meet the students' transportation needs.

This form must be completed and returned to Pennington School -- with the Specialty Program Application.

**PHILIP MICHAEL PENNINGTON SCHOOL
2019 - 2020 EXPRESS BUS STOPS**

ALVEY ELEMENTARY	45
BENNETT ELEMENTARY	24
BRISTOW RUN ELEMENTARY	34
BUCKLAND MILLS ELEMENTARY	76
BULL RUN MIDDLE	39
CEDAR POINT ELEMENTARY	33
CHRIS YUNG ELEMENTARY	83
COLES ELEMENTARY	21
ELLIS ELEMENTARY	64
GAINESVILLE MIDDLE	77
GEORGE HELWIG PARK	22
GLENKIRK ELEMENTARY	73
GRAVELY ELEMENTARY	47
HAYMARKET ELEMENTARY	82
JAMES LONG PARK	37
KYLE WILSON PARK	71
LAKE JACKSON FIRE DEPARTMENT	23
LOCH LOMOND ELEMENTARY	26
MARSHALL ELEMENTARY	41
MARSTELLER MIDDLE	40
MOUNTAIN VIEW ELEMENTARY	36
MULLEN ELEMENTARY	31
NOKESVILLE SCHOOL	32
PARKSIDE MIDDLE SCHOOL	46
PENN ELEMENTARY	19
PFITZNER STADIUM/MCCOART BLDG.	18
PINEY BRANCH ELEMENTARY	80
SIGNAL HILL PARK	83
SINCLAIR ELEMENTARY	27
STONEWALL MIDDLE	29
SUDLEY ELEMENTARY	30
T. CLAY WOOD ELEMENTARY	25
TYLER ELEMENTARY	35
VICTORY ELEMENTARY	74
WESTGATE ELEMENTARY	28
YORKSHIRE ELEMENTARY	44

As of this time, the Express Bus Stops listed above are current, however they are subject to change.

**Prince William County Public Schools
STUDENT TRANSFER REQUEST FORM**

Student Transfer Request Forms for students in grades 1-12 must be received between **January 2 and April 30.**

Student Transfer Request Forms for Kindergarten students will be accepted starting the first day of Kindergarten registration.

INSTRUCTIONS: Carefully read the information provided in Regulation 721-2, Student Transfers – High School or Regulation 721-1, Student Transfers - Kindergarten/Elementary/Middle and in “Frequently Asked Questions” before completing this application. **Complete Part I and submit this form with your application. The student must attend the base/zoned school until a transfer decision is made.**

PART I. STUDENT TRANSFER REQUEST (please print/type) Initial or Renewal (circle one) Today’s Date _____

Child’s grade during the upcoming **2019 - 2020** School Year _____

Base/Zoned School _____ Requested School _____

Student’s Name: Last _____ First _____ Middle _____ DOB _____
Sex ___ Male ___ Female

Parent(s)/Guardian(s) Name _____ Home Phone (10 Digit) _____
Cell Phone _____

Parent(s)/Guardian(s) Address: Unit _____ Street _____ Apt _____ City _____
State _____ Zip Code _____

1st Parent(s)/Guardian(s) Place of Employment _____ Bus. Phone (10 Digit) _____

2nd Parent(s)/Guardian(s) Place of Employment _____ Bus. Phone (10 Digit) _____

Reason for Request: (choose one)

- Child Care (Elementary/Middle)** (Attachment IV, Reg 721-1 required)+
- Physical or Psychological Needs** (Attachment II, Reg 721-1/ 721-2)
- SACC Closure**
- Designated Site Program**
- Other (Refer to Reg. 721-1 or 721-2)** _____
- School of Choice** _____

Parent(s)/guardian(s) are responsible for transportation. Transfers are valid for one year only unless the student has transferred for a designated site program. Designated site program transfers may be renewed using the procedures indicated in Regulation 721-1 or 721-2.

I certify that all the information on this application is correct to the best of my knowledge. I certify that the student involved in the request is not seeking a transfer to participate in extracurricular activities. In addition, I understand that transferring my high school student after ninth grade will change the VHSL activities eligibility status for the next 365 days.

Parent or Guardian Signature _____ **Date** _____

****PARENTS/GUARDIANS STOP HERE.****

PART II. SCHOOL REVIEW AND RECOMMENDATION (office use only)

Base/Zoned School: _____

Comment: _____

Principal’s Signature _____ **Date** _____

Requested School: _____ Approve Deny

Reason: _____

Principal’s Signature _____ **Date** _____

PART III. APPEAL PROCESS (OFFICE OF STUDENT SERVICES use only)

Signature _____ Date _____ Approved Denied Letter sent

PHILIP MICHAEL PENNINGTON SCHOOL

TEACHER 2019 – 2020 RECOMMENDATION FORM

TEACHERS: PLEASE COMPLETE ALL ITEMS. THIS FORM IS VITAL IN THE REVIEW PROCESS. A RECOMMENDATION IS TO BE COMPLETED BY A TEACHER WHO HAS TAUGHT THE STUDENT AND IS FAMILIAR WITH HIS/HER ACADEMIC WORK. **PLEASE ALSO ATTACH THE STUDENT'S PWCS FIRST QUARTER WRITING PROMPT.**

If possible, please forward any standardized testing information if the student is currently in kindergarten.

STUDENT'S NAME _____ Date: _____

STUDENT PERM. ID# _____

SCHOOL _____

2018 - 2019 TEACHER/GRADE LEVEL _____

1. How well would this child succeed in the Pennington Program?
2. Please estimate the extent to which the student has demonstrated the following qualities while in your class. Be sure to respond to all qualities. (Scale: 4 - Superior; 3 - Excellent; 2 - Good; 1 - Fair)

a. Motivation and initiative	4	3	2	1
b. Self direction	4	3	2	1
c. Intellectual curiosity	4	3	2	1
d. Independence of thought	4	3	2	1
e. Originality of ideas, creativity	4	3	2	1
f. Leadership skills	4	3	2	1
g. Positive attitude toward learning	4	3	2	1
h. Openness to new experiences	4	3	2	1
i. Respect and tolerance for views of others	4	3	2	1
j. Organizational skills	4	3	2	1
k. Turns in work in a timely manner	4	3	2	1

TEACHER SIGNATURE: _____

TEACHERS: PLEASE PLACE THIS RECOMMENDATION AND THE STUDENT'S PWCS FIRST QUARTER WRITING PROMPT IN AN ENVELOPE WITH THE STUDENT'S NAME ON THE FRONT. SEAL THE BACK OF THE ENVELOPE AND SIGN YOUR NAME ACROSS THE SEAL.

MAIL YOUR SEALED, SIGNED ON THE BACK ENVELOPE TO THE ADDRESS BELOW, OR USE THE PWCS COURIER SERVICE TO SEND TO:

PENNINGTON SCHOOL
9305 STONEWALL ROAD
MANASSAS, VA 20110