

Philip Michael Pennington School
Specialty Program
Grades One – Eight
Home of the Blue Jays



Application Packet
2020 - 2021

Amanda McCulla, Principal
David Anderson, Assistant Principal
Michelle Atkins, Director of Counseling

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 5:00 p.m. on Friday, January 31, 2020, or be postmarked by January 31, 2020.

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.



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>

APPLICATION FOR 2020 – 2021 CONTENTS CHECKLIST

Student Name _____ Grade Level SY2020-21 (**Next Year**) _____

Current School _____ Base School _____

- _____ Student/Parent Application Form.....1
- _____ Student/Parent Enrollment Contract.....2
- _____ Parent Information Form.....3
- _____ Specialty Program Transportation Information Form.....4
- _____ Student Transfer Request Form.....6
(Complete only Part I including Parent/Guardian signature. Submit with the application.)
- _____ Teacher Recommendation Form.....7

(Parents: Complete the top four (4) lines on the form and give the form to the student's current teacher. The teacher will complete the form, attach the student's PWCS 1st Quarter Writing Prompt, and mail both directly to Pennington.)

_____ 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: 2020 - 2021 Application

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

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PHILIP MICHAEL PENNINGTON SCHOOL
SPECIALTY PROGRAM
GRADES ONE – EIGHT
STUDENT/PARENT 2020 – 2021 APPLICATION

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

Student Name _____
Last Name First Middle

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

Is this student a sibling of a current Pennington student? _____ **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**) Elementary School _____

Neighborhood (**Base**) Middle School _____, if applying to Middle School

CURRENT School _____ **CURRENT Grade Level** _____
(**2019-2020**)

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 _____

Home Phone _____ Cell _____ E-mail _____

To be filled out by Parent/Guardian:

Do you have other students applying? **Yes** **No**

Name: _____ current 2019/20 Grade _____ Rising Gr _____
Name: _____ current 2019/20 Grade _____ Rising Gr _____
Name: _____ current 2019/20 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 2020 - 2021 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.

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** _____

EL PENNINGTON SCHOOL
2020 - 2021
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
2020 - 2021

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
2020 - 2021 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**

INSTRUCTIONS: Carefully read the information provided in Regulation 721-1, Student Transfers – Kindergarten/Elementary/Middle School 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 **2020 - 2021** 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 _____ Email: _____
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.

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 2020 – 2021 RECOMMENDATION FORM

PARENTS: Give this form to your student's current teacher to complete.

TEACHERS: A recommendation form is to be completed by a teacher who has taught the student and is familiar with his/her academic work. If possible, please forward any standardized testing information if the student is currently in kindergarten. *Return this completed recommendation and the student's PWCS 1ST quarter writing prompt directly to Pennington.*

STUDENT'S NAME _____ DATE _____

STUDENT PERM. ID# _____

SCHOOL _____

PRINT 2019 - 2020 TEACHER'S NAME/GRADE LEVEL _____

Teachers: Please complete all items. The first is vital in the review process.

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 completed RECOMMENDATION and the student's PWCS 1ST 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 envelope directly to Pennington or use the PWCS courier service.

PENNINGTON SCHOOL - APPLICATION
9305 STONEWALL ROAD
MANASSAS, VA 20110