



KSCA Student Application

Section 1: Applicant Information

Last Name			First Name			Middle Name		
Gender			Race			Birthdate (mm/dd/yyyy)		
Address (Number and Street)								
City			State			Zip Code		
Phone Number				Email				

Section 2: Parent/Legal Guardian Information

Last Name			First Name			Authorized to Pick Up from KSCA	
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address (Number and Street)							
City			State			Zip Code	
Phone Number				Email			
Relationship to Applicant				Is there a court order of custody in place?			
<input type="checkbox"/> Parent				<input type="checkbox"/> Yes			
<input type="checkbox"/> Legal Guardian				<input type="checkbox"/> * If yes, please provide a copy of the court order			
<input type="checkbox"/> Other				<input type="checkbox"/> No			

Section 3: Alternate Emergency Contact

Last Name			First Name			Authorized to Pick Up from KSCA	
						<input type="checkbox"/> Yes	<input type="checkbox"/> No
Address (Number and Street)							
City			State			Zip Code	
Phone Number				Email			
Relationship to Applicant							
<input type="checkbox"/> Parent							
<input type="checkbox"/> Legal Guardian							
<input type="checkbox"/> Other							

Return completed applications to:

Email: RA-MVPACHALLENGE@pa.gov

Mail: Keystone State Challenge Academy

ATTN: Admissions

BLDG 7-14

Fort Indiantown Gap

Annville, PA 17003

Fax: (717) 861-6686



Keystone State Challenge Academy

<https://www.dmv.pa.gov/KeystoneStateChallengeAcademy>

Section 4: Applicant Mandatory Eligibility Requirements

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Will you be between the ages of 16 – 18 while attending the Academy?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a US Citizen/Lawful Permanent Resident and a resident of Pennsylvania?
<input type="checkbox"/>	<input type="checkbox"/>	Have you received a high school diploma or General Equivalency Degree (GED)?
<input type="checkbox"/>	<input type="checkbox"/>	Are you a high school dropout or at risk of not completing your high school education on time?
<input type="checkbox"/>	<input type="checkbox"/>	Have you been ticketed, arrested, or detained for any offense by a law enforcement agency?
<input type="checkbox"/>	<input type="checkbox"/>	Are you awaiting sentencing or have any pending/future court dates to resolve pending charges?
<input type="checkbox"/>	<input type="checkbox"/>	Are you currently on probation?
<input type="checkbox"/>	<input type="checkbox"/>	Are you willing to be free from the use of illegal drugs, alcohol, tobacco, and other illicit substances during the Academy?
<input type="checkbox"/>	<input type="checkbox"/>	Are you physically and mentally capable of participating in the Academy?

Section 5: Applicant Background Information

Are you homeless or at-risk of becoming homeless?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Is a language other than English spoken in your home?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Language: _____
Do you communicate primarily in a language other than English?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Language: _____
What is the first language that you learned to speak?					
Are you currently employed? (If yes, please complete info below)	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Employer	Position		Length of Employment		

Section 6: Additional Applicant Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you smoke/vape and/or use tobacco products?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever consumed alcohol or been drunk?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever used illegal drugs or abused prescription drugs?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been treated or hospitalized for drug use?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever attempted suicide or seriously considered suicide and/or self-harm?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been hospitalized for attempting suicide and/or self-harm?

Section 7: Educational Information

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have an Individualized Education Plan (IEP) or a Section 504 Service Agreement?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been suspended from school?
<input type="checkbox"/>	<input type="checkbox"/>	Have you ever been expelled from school?

Please complete the information below for the last school attended:

Last School Attended	
Current Grade	
Guidance Counselor Name	
Guidance Counselor Phone Number	
Guidance Counselor Email	

Please select the option below that best applies

<input type="checkbox"/>	I hope to earn/recover high school credit and return to high school after graduating from the Academy.	<input type="checkbox"/>	I hope to study for and attempt the GED examination and not return to high school after the Academy
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Please write a personal statement to help us get to know you.

Tell us why you wish to attend the KSCA, what you hope to achieve, and how you believe this experience will help you accomplish your educational and career goals.

By signing below, you certify to the best of your knowledge, that all information provided is true and accurate.

Applicant Signature	Parent/Legal Guardian Signature
Printed Name	Printed Name
Date	Date

Authorization to Release Information

I hereby authorize the Commonwealth of Pennsylvania, its counties, its cities, its school districts, and its agencies to submit and/or exchange all pertinent information with the Keystone State Challenge Academy (KSCA) regarding, but not limited to, the following: substance abuse history, referral history, court status, family or social services interventions, documented medical conditions, and any other information requested by the KSCA relevant to the health, safety, welfare, and quality of life of the student/applicant for KSCA admission purposes.

Applicant Signature	Applicant Printed Name	Date
Parent/Legal Guardian Signature	Parent/Legal Guardian Printed Name	Date



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KSCA Self-Reported Health History

Important Note Regarding Self-Reported Health History

This information is CONFIDENTIAL, for official use only, and cannot be released to unauthorized persons.

Please answer all questions as accurately as possible so that the KSCA staff can be made aware of any pre-existing medical conditions and be alert to assist you if the need arises. Please provide this completed form to your Medical Provider as part of the Physical Examination. This form will also serve to provide medical information if you are unable to do so yourself.

Applicant Information

Last Name		First Name		Middle Name	
Date of Birth	Height	Weight	Hair Color	Eye Color	Gender

Allergies (Medication or Other) and Type of Reaction

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Medical History

Do you now have, or have you ever had any of the following?

Explain any "yes" responses in the "remarks" section below or attach an additional sheet.

A condition not specifically listed below that has the potential to interfere with the Applicant's performance at the KSCA should be listed in the remarks section.

No	Yes	No	Yes
		Decreased vision, glaucoma, glasses and/or contacts	Chronic migraines and/or severe headache
		Chronic ear infections and/or perforation	Chronic dizziness and/or fainting spells
		Hearing loss and/or hearing aids	Head injury and/or unconsciousness
		Seasonal allergies and/or nasal stuffiness	Epilepsy and/or seizure disorder
		Anaphylaxis and/or other severe allergic reaction	Stroke and/or paralysis
		Asthma requiring the use of an inhaler	Thyroid problem
		Shortness of breath with activity	Diabetes (Type I or II)
		Heart attack, chest pain, and/or angina	Cancer
		Heart murmur, irregular heartbeat, and/or other heart problem	Blood disorder/disease and/or hemophilia
		Congestive heart failure	Motion sickness
		High or low blood pressure	Current bedwetting problems
		Stomach issues and/or ulcers	Admission to the hospital
		Hepatitis and/or other liver issues	Sleepwalking
		Kidney disease and/or kidney stones	Autism Spectrum Disorder (ASD)
		Broke bones and/or joint problems	ADD / ADHD
		Activity and/or mobility restrictions	ODD (Oppositional Defiance Disorder)
		Use of cane, walker, or wheelchair	Anxiety
		Neurological condition	Depression
		Back and/or neck pain and/or injury	Suicide attempt and/or suicidal ideations
		Tuberculosis (TB)	Self-harming behaviors
		Sexually transmitted disease	Other mental health condition



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Medical History Continued

Medical History Remarks (Add Additional Paper if Needed)

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Past Surgical History

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Dietary Restrictions or Limitations (ie. Food allergies, gluten free, vegetarian, etc.)

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Medication Information

(Attach additional paper if needed, please include supplements, over the counter, creams, etc., write "None" if not applicable)

Name of Medication	Strength	Times Taken Per Day	Reason for Medication	Special Instructions

Consent for Treatment

In case of emergency, I understand that every effort will be made to contact me. In the event that I cannot be reached, I hereby give my permission to authorized staff members of the Keystone State Challenge Academy to secure proper treatment, including emergency hospitalization, anesthesia, surgery, or other treatment for my child/ward. Medical providers are authorized to disclose exam/test results and treatments provided to authorized KSCA staff.

Signature of Parent/Legal Guardian	Printed Name	Date



KSCA Criminal Justice History

Applicant Information

Last Name	First Name	Middle Name

Criminal Justice History Disclosure

Have you ever been arrested, charged, cited, or detained by law enforcement or juvenile authorities?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, for what?				
If you answered "yes" to the question above, please provide copies of all applicable court documents.				

Do you have any pending/scheduled court dates?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, when?				

Are you under current supervision of a social worker and/or juvenile probation officer?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No
If yes, for what?				
Social Worker/ Juvenile Probation Officer Name	County	Phone Number		

Check the box below to confirm the accuracy of the following statement:

<input type="checkbox"/>	We certify that the Applicant is not under indictment and has not been convicted of a felony (or any crime that would be considered to be a felony if perpetrated by an adult). Further, the Applicant is not currently on parole or probation for other than juvenile status offenses or misdemeanor offenses.
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CERTIFICATION OF TRUTH, ACCURACY, AND COMPLETENESS

By signing this form, we, Applicant and Parent/Legal Guardian, certify that based on information and belief formed after reasonable inquiry, the statements and information contained in this submittal are true, accurate, and complete.

Applicant Signature	Parent/Legal Guardian Signature
Printed Name	Printed Name
Date	Date



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KSCA Release of Student Information

Information for High School Administrator/ Guidance Counselor

A student (listed below) from your school has applied for admission to the Keystone State Challenge Academy (KSCA). One of the first steps in the admissions process is the request of student records. At the moment, the student has not been accepted into the KSCA and will be working on additional paperwork in the admissions process to allow the KSCA to make an admissions decision. Upon acceptance into the KSCA, the applicant as well as your school will be notified with additional information. If the student is accepted into the KSCA, they will remain enrolled in the sending school district during their time at the KSCA and your school will be provided with information to code them in PIMS as attending the Academy without disenrolling them from your school.

Please see the completed release of records below signed by the Applicant's parent/legal guardian and provide all requested records that your school has per the directions below.

School / Student Information

School Information

School or School District	
School Street Address	
City, State, Zip	
School Phone Number	

Student Information

Student Name	
Date of Birth	
Street Address	
City, State, Zip	

Release of Student Information

Please release and send all cumulative records you have pertaining to this student, including:

Academic records including most recent report card/transcript and/or progress reports, and student's plan about viable pathways to graduation.	Attendance records, including Student Attendance Improvement Plan (SAIP), if applicable	Act 26 of 1995 Certified Discipline Records (24 P.S. Section 13-1317.2)	Dental, Health, Vision, and Immunization Records
English as a Second Language (ESL) documents, if applicable	Special Education Documents (if applicable): Please include a copy of the most recent Individualized Educational Program (IEP) and Notice of Recommended Educational Placement (NOREP), the Initial Evaluation Report (ER), Reevaluation Reports, Waiver forms, and any other psychological or related service evaluations pertaining to Special Education		

Records can be returned to the Academy by:

MAIL	FAX	EMAIL
Keystone State Challenge Academy ATTN: Admissions BLDG 7-14 Fort Indiantown Gap Anville, PA 17003	Keystone State Challenge Academy ATTN: Admissions (717) 861-6686	RA-MVPACHALLENGE@pa.gov

Parent/Legal Guardian Signature	Parent/Legal Guardian Printed Name	Date
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Thank you for your prompt attention to this matter according to 22 Pa. Code § 11.11(b). (10 Days)