

# SOUTH EASTERN SPECIAL EDUCATION

## STUDENT APPLICATION FOR ADMITTANCE INTO THE WORK-STUDY PROGRAM

2018-2019

### Student Information:

DATE \_\_\_\_\_

Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Age \_\_\_\_\_  
First Middle Initial Last

Address \_\_\_\_\_ Phone \_\_\_\_\_  
Street City State Zip

School \_\_\_\_\_ Grade \_\_\_\_\_

### Student's Social Security Number \_\_\_\_\_

- I must have the Social Security number in order to process the application. It is kept confidential.

Student School E-mail Address: \_\_\_\_\_

### Employment Information:

Has there been a finding of guilt in a juvenile or adult court?  Yes  No

If yes, please explain \_\_\_\_\_

ARE YOU CURRENTLY EMPLOYED?  Yes  No

If yes, where are you employed? \_\_\_\_\_

WHAT TYPE OF WORK WOULD YOU PREFER:

- First Choice \_\_\_\_\_
- Second Choice \_\_\_\_\_

JOBS YOU HAVE HAD:

1. \_\_\_\_\_

2. \_\_\_\_\_

**Parental Information:**

*(Please check box (es) below if Step-Parent)*

Mother \_\_\_\_\_ Occupation \_\_\_\_\_  
                                First                                Last

Address \_\_\_\_\_ Phone \_\_\_\_\_  
                                Street                                City                State                Zip

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Father \_\_\_\_\_ Occupation \_\_\_\_\_  
                                First                                Last

Address \_\_\_\_\_ Phone \_\_\_\_\_  
                                Street                                City                State                Zip

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

Student resides with:  Mother & Father     Mother     Father  
 Other: \_\_\_\_\_

**Legal Guardian:**

*(If other than natural parent)*

\_\_\_\_\_  
                                First                                Last                                Relationship

Address \_\_\_\_\_ Phone \_\_\_\_\_  
                                Street                                City                State                Zip

Employer \_\_\_\_\_ Work Phone \_\_\_\_\_

***In order to meet the requirements of the STEP Program, the information provided in this application will be shared with a Rehabilitation Counselor from the Division of Rehabilitation Services (DRS). By signing below, the parent/guardian gives permission for the district to share this specific information with DRS and allows the agency to be a part of the student's IEP process.***

Signed \_\_\_\_\_ Date \_\_\_\_\_  
                                **Student Applicant**

Approved \_\_\_\_\_ Date \_\_\_\_\_  
                                **Parent or Guardian Signature**

\_\_\_\_\_  
                                Pre-Vocational Coordinator                          Date \_\_\_\_\_