

SOUTH EASTERN SPECIAL EDUCATION

**STUDENT APPLICATION FOR ADMITTANCE INTO THE
SECONDARY TRANSITIONAL EXPERIENCE PROGRAM (STEP)
2019-2020**

Date: _____

Student Information

NAME

First Name

Middle Initial

Last Name

ADDRESS

Street

City, State Zip code

BIRTHDATE

AGE

SCHOOL

GRADE

**SOCIAL SECURITY
NUMBER**

The social security number must be listed in order to process this application. It will be kept confidential.

E-MAIL ADDRESS

PHONE NUMBER

Employment Information

Are you currently employed? No Yes If yes, where? _____

Have you ever been employed? No Yes If yes, where? _____

What type of work would you prefer? First Choice _____

Second Choice _____

Has there been a finding of guilt in a juvenile or adult court? No Yes If yes, please explain: _____

