

SOUTH EASTERN SPECIAL EDUCATION

STUDENT APPLICATION FOR ADMITTANCE INTO THE SECONDARY TRANSITIONAL EXPERIENCE PROGRAM (STEP) 2020-2021

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:

Parent/Guardian Information

NAME

First Name Middle Initial Last Name

ADDRESS

Street City, State Zip code

CONTACT

INFORMATION

Home Phone Cell Phone

E-Mail Address

**RELATIONSHIP
TO STUDENT**

Mother Father Step-mother Step-father
 Legal Guardian _____ Other _____
Relationship Relationship

NAME

First Name Middle Initial Last Name

ADDRESS

Street City, State Zip code

CONTACT

INFORMATION

Home Phone Cell Phone

E-Mail Address

**RELATIONSHIP
TO STUDENT**

Mother Father Step-mother Step-father
 Legal Guardian _____ Other _____
Relationship Relationship

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

Student Applicant Date

Parent or Guardian Signature Date

APPROVED

Pre-Vocational Coordinator Date