

SOUTH EASTERN SPECIAL EDUCATION

STUDENT APPLICATION FOR ADMITTANCE INTO THE
SECONDARY TRANSITIONAL EXPERIENCE PROGRAM (STEP)
2021-2022

Date: _____

STUDENT INFORMATION

NAME

First Name _____ Middle Initial _____ Last Name _____

ADDRESS

Street Address _____ City, State, Zip Code _____

BIRTHDATE

_____ AGE _____

SCHOOL

_____ GRADE _____

SOCIAL SECURITY NUMBER

The Social Security Number must be listed in order to accept and process this application. It will be kept confidential.

EMAIL ADDRESS

PHONE NUMBER

_____ Cell phone
 Landline

STUDENT 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 Address 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 Address 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