

SOUTH EASTERN SPECIAL EDUCATION

STUDENT APPLICATION FOR ADMITTANCE INTO THE  
SECONDARY TRANSITIONAL EXPERIENCE PROGRAM (STEP)  
2022-2023

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