

SOUTH EASTERN SPECIAL EDUCATION

STUDENT APPLICATION FOR ADMITTANCE INTO THE  
SECONDARY TRANSITIONAL EXPERIENCE PROGRAM (STEP)  
2023-2024

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**

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**First Name** **Middle Initial** **Last Name****ADDRESS**

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**Street Address** **City, State, Zip Code****CONTACT INFORMATION**

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**Home Phone** **Cell Phone**

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**E-Mail Address****RELATIONSHIP TO STUDENT** **Mother**      **Father**      **Step-mother**      **Step-father** **Legal Guardian** 

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  **Other** 

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**Relationship** **Relationship****NAME**

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**First Name** **Middle Initial** **Last Name****ADDRESS**

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**Street Address** **City, State, Zip Code****CONTACT INFORMATION**

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**Home Phone** **Cell Phone**

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**E-Mail Address****RELATIONSHIP TO STUDENT** **Mother**      **Father**      **Step-mother**      **Step-father** **Legal Guardian** 

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  **Other** 

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**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**

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**Student Applicant** **Date**

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**Parent or Guardian Signature** **Date****APPROVED**

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**Pre-Vocational Coordinator** **Date**