

☐ SOUTH EASTERN SPECIAL EDUCATION

STUDENT APPLICATION FOR ADMITTANCE INTO THE
SECONDARY TRANSITIONAL EXPERIENCE PROGRAM (STEP)
2024-2025

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 _____
Relationship

☐ Other _____
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 _____
Relationship

☐ Other _____
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