

ROE 53 Academy

110 Fandel Rd.

Germantown Hills, IL 61548

Email: jgrant@roe53.net

Mrs. Julie Grant, MSED, MSW
Principal

Email: jgrant@roe53.net



Office (309) 383-3002

**PRINCIPAL WILL CONTACT FAMILY TO SCHEDULE INTAKE WHEN
COMPLETE PACKET IS RECEIVED**

Office phone has a voicemail system for before/after hour messages

ROE 53 Academy

To be completed by the counselor, dean, or principal:

Home School: _____ Counselor _____

Date: _____ Counselor Phone: _____ Counselor email: _____

Student Name: _____

State ID Number: _____

Credits earned to date: _____

Total credits needed for graduation from your school: _____

Please note “yes” or “done”:

Constitution test needed _____ **Classroom Drivers Ed needed** _____
SAT needed _____

As of this application date, is student still in attendance? _____

If not currently in attendance, drop date _____

In accordance with our grant, we must collect the following information.

Please send:

Attendance information for the previous year, semester or grading period:

- **Number of days that the student was enrolled** _____
- **Number of excused absences** _____
- **Number of unexcused absences** _____

(these statistics are required for our funding source, State Board of Ed.- Truants Alternative /Optional Ed grant)

Required courses this student still needs to graduate:

Signature of appropriate school personnel

Name _____ Title: _____ Date: _____

DOCUMENTATION NEEDED:

Send to: jgrant@roe53.net

OR

**ROE 53 Alternative Education Programs
110 Fandel Rd.
Germantown Hills, IL 61548**

- A letter of recommendation** on school letterhead (a form letter is acceptable), for the Academy to interview and enroll the student.
- A high school transcript** to date.
- Current Grades**
- 4 year **graduation plan completed by counselor**-***only fill in semesters to be earned
- Health records**, both physical and dental.
- Academy application**, completed by student and counselor
- Attendance Record**
- Discipline Record**

*****NOTE- Only fill in semesters to be earned, completed semester information is available on transcript****

ROE 53 ALT ED GRADUATION/ TRANSITION PLAN

Student: _____

Date: _____

Rssp: ___ Academy: ___

Graduating: _____

Returning: _____

Freshman Year # Credits Earned _____

1st Semester	Grade	Cr	2nd Semester	Grade	Cr
Total Sem Credits			Total Sem Credits		

Sophmore Year # Credits Earned _____

1st Semester	Grade	Cr	2nd Semester	Grade	Cr
Total Sem Credits			Total Sem Credits		

Grad Requirement	# Semesters							
	1	2	3	4	5	6	7	8
Eng								
PE								
Math								
Science								
Soc Stud								
Fine Arts								
Health								
Cons Ed								

Junior Year # Credits Earned _____

1st Semester	Grade	Cr	2nd Semester	Grade	Cr
Total Sem Credits			Total Sem Credits		

Senior Year # Credits Earned _____

1st Semester	Grade	Cr	2nd Semester	Grade	Cr
Total Sem Credits			Total Sem Credits		

Total Credits needed to Graduate: _____

Counselor Sig: _____ Date: _____

To Be Completed by Student or Parent or Guardian –

Date of application: _____

First Name: _____ Middle Name: _____

Last Name: _____

Student's address: _____

City/State/Zip: _____

County: _____

Parent's Phone: _____ Student's Mobile #: _____

Birthday: _____

Ethnic/Racial Classification:

- Asian or Pacific Islander
- Alaskan Native or American Indian
- Hispanic
- Black/African-American/Negro Non-Hispanic
- White Non-Hispanic
- Non-resident Alien
- Other

Sex: Male Female

Home school where records are: _____

Counselors name and school: _____

Emergency contact (other than parent/guardian): _____

Emergency phone number of person above: _____

Doctor's Name: _____

Doctor's Phone: _____

With whom do you live: Parents Grandparents Father Mother

Self Guardian Other: _____

Father

Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cellular: _____

Employer: _____

Work Phone: _____ Ext. _____ E-Mail: _____

Mother

Name: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cellular: _____

Employer: _____

Work Phone: _____ Ext. _____ E-Mail: _____

Guardian:

First Name: _____ Last Name: _____

Relationship to student: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cellular: _____

Employer: _____

Work Phone: _____ Ext. _____ E-Mail: _____

Transportation: I will provide transportation for my student either by own car or mass transit and arriving no later than 8:30 a.m. on scheduled school days.

_____ Parent/Guardian Signature

General Information – To Be Completed by Student

This form is to be completed by the prospective student in their own handwriting or the application will not be accepted.

Please answer the following questions on the space provided.

1. What has motivated you to enroll in this program?

2. Reasons for leaving home high school? _____

3. Which are you hoping to earn? High School Diploma G.E.D.

4. How do you foresee this program supporting your success compared to your current school?
What differences do you see that will help lead to your success?

5. If you could change any three rules or policies at your home high school, what would they be?

6. List any three personality traits you see as a potential hindrance to your success. How and why do you want to change them? _____

7. What activities do you like to do in your spare time? _____

a. Sports you like: _____

b. Games you like to play: _____

c. Kind of books you like to read: _____

d. School activities: _____