

# **ROE 53 Academy**

110 Fandel Rd.

Germantown Hills, IL 61548

Email: [jgrant@roe53.net](mailto:jgrant@roe53.net)

**Mrs. Julie Grant, MSED, MSW**  
**Principal**

Email: [jgrant@roe53.net](mailto: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](mailto: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			2nd Semester		
Grade	Cr		Grade	Cr	
Total Sem Credits			Total Sem Credits		

**Sophmore Year** # Credits Earned \_\_\_\_\_

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

**Senior Year** # Credits Earned \_\_\_\_\_

1st Semester			2nd Semester		
Grade	Cr		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?

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2. Reasons for leaving home high school? \_\_\_\_\_

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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?

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

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

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

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a. Sports you like: \_\_\_\_\_

b. Games you like to play: \_\_\_\_\_

c. Kind of books you like to read: \_\_\_\_\_

d. School activities: \_\_\_\_\_