

# **ROE 53 Regional Safe School**

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 Regional Safe School

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

Home School: \_\_\_\_\_ Counselor \_\_\_\_\_

Date: \_\_\_\_\_ Counselor Phone: \_\_\_\_\_ Counselor email: \_\_\_\_\_

Student Name: \_\_\_\_\_ DOB \_\_\_\_\_ State ID Number \_\_\_\_\_

Parent Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Expulsion/ Suspension \_\_\_\_\_ Expulsion term: \_\_\_\_\_ Date of return: \_\_\_\_\_

Total credits needed for graduation from your school: \_\_\_\_\_

Please note “yes” or “done”:

Constitution test needed \_\_\_\_\_

SAT needed \_\_\_\_\_

## Required courses this student still needs to graduate:

### Signature of appropriate school personnel

Name \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

### DOCUMENTATION NEEDED:

Send to: [igrant@roe53.net](mailto:igrant@roe53.net) OR

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

- Administrative Transfer letter** on school letterhead explaining the dates of the expulsion/ suspension and offense committed and length of placement at Safe School
- Current Grades**
- A high school transcript** to date
- Attendance records**
- Discipline records**
- Health records**, both physical and dental.
- Safe School application**
- 4 year graduation plan completed by counselor- **\*\*\*only fill in semesters to be earned**

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

# ROE 53 ALT ED GRADUATION/ TRANSITION PLAN

Student: \_\_\_\_\_

Graduating: \_\_\_\_\_

Date: \_\_\_\_\_

Returning: \_\_\_\_\_

Rssp: \_\_\_ Academy: \_\_\_

**Freshman Year** # Credits Earned \_\_\_\_\_

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

**Sophomore 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:** \_\_\_\_\_

Revised 5/18/2022 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: \_\_\_\_\_

Counselor's 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: \_\_\_\_\_

## 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 will you be successful in this program? \_\_\_\_\_

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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. If you could change any three things about yourself, what would you change? \_\_\_\_\_

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7. What 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: \_\_\_\_\_