

ROE 53 Regional Safe School

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 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 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: _____

Date: _____

Rssp: ___ Academy: ___

Graduating: _____

Returning: _____

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 8/31/2021 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?

2. Reasons for leaving home high school? _____

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

4. How will you be successful in this program? _____

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

6. If you could change any three things about yourself, what would you change? _____

7. What 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: _____