

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

*****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: _____

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: _____

To Be Completed by Student or Parent or Guardian Cont.

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

3. What are your plans for after high school? _____

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 traits about yourself you believe could be a barrier 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: _____