# 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:		DOB_	Current G	rade
State ID #:	Race: Free/ F	Reduced Lunch E	Eligible (circle one): Free	Reduced None
Parent Name:	Address:		Phone:	
Credits earned to date:	Total cred	lits needed for gr	aduation from your schoo	1:
Please note "NEEDS"  Constitution test	or "DONE":		_ Classroom Driver's E	d
	date, is student still in at endance, drop date			
·	ORMATION FOR PRE			NINC DEDIOD.
<ul><li>Number of Number of DOCUMENTATION</li></ul>			53 Alternative Educatio	on Programs
Sena to.	<u> </u>	110 F	Fandel Rd. nantown Hills, IL 61548	
<ul><li>☐ High school tra</li><li>☐ Current Grade</li><li>☐ Assessment Da</li><li>☐ Graduation/ T</li></ul>	es  ta- most recent PSAT, SA  ransition plan completed	AT, ACT, MAP, I by counselor- <mark>*</mark>	STAR, Fastbridge, Khan	Mappers, etc.
	- both physical and dental ication- fully complete by		and school	
☐ Attendance Re	• •	stadent, parent,		
☐ Discipline Deta	il Record			
Signature of appropri	ate school personnel			
Name	Tit	le:	Date:	

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

#### **ROE 53 ALT ED GRADUATION/ TRANSITION PLAN**

Student: Date:			<del></del>									Graduatin Returning	_			
Rssp: Acad	lemy:_															
Freshman Year			# Credits Earned	_		Sophmore Year			# Credits Earne	d						
1st Semester	Grade	Cr	2nd Semester	Grade	Cr	1st Semester	Grade	Cr	2nd Semester	Grade	e Cr	Grad Requir	emer	t # \$	Sem	este
													1 2	3 4	5	6 7
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												PE	$\bot \bot$		Н	_
												Math	+		$\mathbb{H}$	+
												Science	+		$\mathbb{H}$	+
							<u> </u>					Soc Stud	+	$\vdash$	+	+
											-	Fine Arts	╁┼	+	H	+
												Health	++		+	+
							1					Cons Ed	++		+	-
Total Sem Credits		<u> </u>	Total Sem Credits			Total Sem Credits		<u></u>	Total Sem Credits		<u> </u>		+	H	H	+
									-						Ħ	$\top$
Junior Year			# Credits Earned	i		Senior Year			# Credits Earned							
1st Semester	Grade	Cr	2nd Semester	Grade	Cr	1st Semester	Grade	Cr	2nd Semester	Grade	e Cr	Total Cro	dit	s ne	eed	le d
												to Gradu	ate:			
Total Sem Credits		1	Total Sem Credits		1	Total Sem Credits			Total Sem Credits							
			•	•					•							

Revised 8/27/2024

Counselor Sig: \_\_\_\_\_ Date: \_\_\_\_

### To Be Completed by Student or Parent or Guardian

Date of application:							
First Name: Midd	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 ☐ Grandparent ☐ Self ☐ Guardian ☐ O							

#### To Be Completed by Student or Parent or Guardian Cont.

# **Father** City/State/Zip: \_\_\_\_\_ Home Phone: Cellular: Employer: Work Phone: \_\_\_\_\_ Ext. \_\_\_\_ E-Mail: \_\_\_\_ Mother 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.

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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: