

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 _____ Current Grade _____

State ID Number _____ Race: _____ Free/Reduce Lunch Eligible (circle one): Free Reduced None

Parent Name: _____ Address: _____ Phone: _____

Date of Expulsion/ Suspension _____ Expulsion term: _____ Date of return: _____

Total credits needed for graduation from your school: _____

Please note "NEEDS" or "DONE":

Constitution Test _____ ACT _____ Classroom Drivers Ed _____

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**
- Assessment Data-** most recent PSAT, SAT, ACT, MAP, STAR, Fastbridge, Khan Mappers, etc.
- High school transcript** to date
- Attendance Record**
- Discipline Detail Record**
- Health records-** both physical and dental.
- Safe School application-** fully complete by student, parent, and school
- Threat Assessments** ***required for any student being referred for a threat or threatening behavior
- 4 year graduation plan completed by counselor- ***only fill in semesters to be earned

Signature of appropriate school personnel

Name _____ Title: _____ 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: _____

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: _____

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: _____

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: _____

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 after you finish high school? _____

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: _____