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
(Office phone has a voicemail system for before/after hour messages)

***ROE 53 PRINCIPAL WILL CONTACT FAMILY TO SCHEDULE INTAKE WHEN COMPLETE PACKET IS RECEIVED**

ROE 53 Regional Safe School and Academy Programs
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Phone: 309-383-3002

ROE 53 Regional Safe School Application

TO BE COMPLETED BY THE COUNSELOR, DEAN, OR PRINCIPAL:

Date: _____ Student Name: _____ DOB_____

Current Grade _____ State ID Number: _____

Federal Race: ____American Indian or Alaskan Native ____Asian ____Black or African American
____Native Hawaiian or Other Pacific Islander ____White

Free/Reduce Lunch Eligible: ____Free ___Reduced ____None

Parent Name: _____ Address: _____ Phone: _____

Home School: _____ Counselor_____

Counselor Phone: _____ Counselor email: _____

Total credits needed for graduation from referring school: _____ Credits Earned to Date: _____

Please note "NEEDS" or "DONE":
Constitution Test_____ **ACT**_____ **Classroom Drivers Ed**_____

Program Eligibility: _____ Expulsion Eligible _____ Suspended & Administratively Transferred

Primary Reason for Referral: Choose 1

	Alcohol (liquor law violations, possession, use, sale		Robbery (taking of things by force) or theft
	Disorderly conduct (disruptive behavior)		Threats (including school threats)
	Drugs, excluding alcohol and tobacco (illegal drug possession, sale, use/under the influence)		Vandalism (damage to school or personal property)
	Fighting (mutual altercation), battery, and/or physical altercation		Violation of school rules (disobeying school policy)
	Harassment, nonsexual (physical, verbal, or psychological)		Weapons possession (firearms and other weapons)
	Insubordination (disobedience to school staff or school personnel)		Other Reason (Explain):

Secondary Referral Concerns: Mark with an **X** next to all that apply

	Low attendance	**Social circumstances or personal problems:**	
	Tardiness		Peer interactions
	Low academic achievement		Teacher interactions
	Behind in credits		Parenthood
	Discipline issues (or suspensions, expulsions)		Drug/alcohol problems
	Economic circumstances		Health problems/Hospitalization/Emotional difficulties
	Other (specify)-		

Date of Expulsion/ Suspension_____ Expulsion/ Suspension term: _____

Date of return to referring school: _____

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ADDITIONAL DOCUMENTATION REQUIRED:

- ☐ **Administrative Transfer letter** on school letterhead explaining the dates of the expulsion/ suspension, offense committed, and length of placement at Safe School
- ☐ **Current Grades**
- ☐ **Assessment Data-** most recent PSAT, SAT, Pre-ACT, 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, threatening behavior, or previous incidents of threats or threatening behavior)**
- ☐ **4 year Graduation/ Transition Plan plan completed by counselor-** ***only fill in semesters to be earned, earned credits are available on transcript

Signature of appropriate school personnel

Name_____ Title: _____ Date: _____

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Only fill in semesters that need to be completed, previous courses are available on transcript

ROE 53 SAFE SCHOOL AND ACADEMY 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		

Sophmore Year # Credits Earned _____

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

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		

Grad Requirement # Semesters	1	2	3	4	5	6	7	8
Eng								
PE								
Math								
Science								
US History								
Soc Stud								
Fine Arts								
Health								
Cons Ed								

Total Credits required to Graduate:____

Counselor Signature: _____ **Date:** _____

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To Be Completed by Student or Parent or Guardian

Date of application: _____

Student's First Name: _____ Student's Middle Name: _____

Student's Last Name: _____ Birthdate _____

Student's address: _____

City/State/Zip: _____

County: _____

Parent/Guardian's Phone: _____ Student's Mobile #: _____

Federal Race:
☐ American Indian or Alaskan Native
☐ Asian
☐ Black or African American
☐ Native Hawaiian or Other Pacific Islander
☐ White

Ethnicity: ☐ Hispanic/ Latino ☐ Non-Hispanic/ Latino

Sex: ☐ Male ☐ Female

Referring school where records are: _____

Referring School Counselor's name: _____

Emergency contact (other than parent/guardian): _____

Emergency phone number for contact above: _____

Doctor's Name: _____

Doctor's Phone: _____

With whom does student live: ☐ Parents ☐ Grandparents ☐ Father ☐ Mother ☐ Siblings

☐ Self ☐ Guardian ☐ Other: _____

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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:

Name: _____

Relationship to student: _____

Street Address: _____

City/State/Zip: _____

Home Phone: _____ Cellular: _____

Employer: _____

Work Phone: _____ Ext. _____ E-Mail: _____

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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: _____