

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
(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

110 Fandel Rd. * Germantown Hills* Illinois * 61548

Phone: 309-383-3002

ROE 53 Academy 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 _____

Primary Program Eligibility: _____ Truant _____ Chronic Truant _____ Potential Dropout

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)-	

Attendance Information for Previous Year, Semester, Or Grading Period:

- Number of days that the student was enrolled _____
- Number of excused absences _____
- Number of unexcused absences _____



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ADDITIONAL DOCUMENTATION REQUIRED:

- ☐ **Letter of recommendation** on school letterhead for the Academy to interview and enroll the student.
- ☐ **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
- ☐ **Academy 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: _____
Date: _____

Student: _____
Date: _____
RSSP: _____ Academy: _____

Freshman Year		# Credits Earned	
1st Semester	Grade	2nd Semester	Grade
Total Sem Credits		Total Sem Credits	

Sophomore Year			# Credits Earned _____		
<u>1st Semester</u>	Grade	Cr	<u>2nd Semester</u>	Grade	Cr

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

Junior Year	# Credits Earned _____					
<u>1st Semester</u>	Grade	Cr	<u>2nd Semester</u>	Grade	Cr	
Total Sem Credits			Total Sem Credits			

Senior Year	# Credits Earned			
<u>1st Semester</u>	Grade	Cr	<u>2nd Semester</u>	Grade Cr
Total Sem Credits			Total Sem Credits	

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: _____

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



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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 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: _____