□SOUTH EASTERN SPECIAL EDUCATION

STUDENT APPLICATION FOR ADMITTANCE INTO THE SECONDARY TRANSITIONAL EXPERIENCE PROGRAM (STEP) 2025-2026

				Date:			
	5	STUDE	NT INFO	RMATION			
NAME	First Name			Middle Initial	Last Name		
ADDRESS	Street Addre	ess		ai	City, State, Zip Code		
BIRTHDATE				AGE			
SCHOOL				GRADE			
SOCIAL SECURITY NUMBER	The Social Security Number must be listed in order to accept and process this application. will be kept confidential.						
EMAIL ADDRESS							
PHONE NUMBER					□ Cell phone□ Landline		
	STUDEN	IT EMP	LOYME	NT INFORMAT	TION		
Are you currently employed?		□ No	☐ Yes	If yes, where?			
Have you ever been employed?		□ No	☐ Yes	If yes, where? _			
What type of work would you prefer?							
Has there been a finding of guilt in a juvenile or adult		□ No	☐ Yes	If yes, please ex	please explain:		

	PARENT/	GUARDIAN INFORM	IATION		
NAME	First Name	Middle Initia	Last Name		
ADDRESS	Street Address		City, State, Zip C	ode	
CONTACT INFORMATION	Home Phone		Cell Phone		
	E-Mail Address				
RELATIONSHIP TO STUDENT	☐ Mother		☐ Step-mother		
	☐ Legal Guardia	n Relationship	Other Relation	nship	
NAME	First Name	Middle Initia	al Last Name		
ADDRESS	Street Address		City, State, Zip C	rode	
CONTACT INFORMATION	Home Phone	c	Cell Phone		
	E-Mail Address				
RELATIONSHIP TO STUDENT	☐ Mother	☐ Father ☐	☐ Step-mother	☐ Step-father	
	☐ Legal Guardia	Relationship	☐ Other Relationship		
application will b Services (DRS). I	e shared with a Reha By signing below, the	the STEP program, the interpretation Counselor from parent/guardian gives displayed allows the agency to be	om the Division o permission for t	of Rehabilitation he district to share	
SIGNED	Student Applicant		Date		
	Parent or Guardian Signa	ature	Date		
APPROVED	Pre-Vocational Coordina		Date		