



2021-2022 APPLICATION	
Student Name:	DOB:
Student Address Street: City: State, Zip Code:	Date of student's 22nd birthday:
	Social Security #:
	Student Cell Number:
	Student Email:
Number of absences this year:	Associate School District:
Explain if needed:	Student shirt size:

Parent/Guardian Information	
Father:	Home Phone:
	Cell Phone:
	Email Address:
Mother:	Home Phone:
	Cell Phone:
	Email Address:

Legal Guardian Information		
Is the student his or her own guardian?:	YES	NO
Educational Needs and Goals:		
Will the student have all credits necessary to meet graduation requirements at the end of this academic year?	YES	NO
Has the student ever been placed on a behavioral plan while in high school? *If yes, please attach documentation:	YES	NO
Has the student ever been suspended/excluded/removed from high school? If yes, please describe:	YES	NO

Has the student received any job skills training in or out of school? *If yes, please describe.	YES	NO

Employment Needs and Goals:

What are the student's employment goals? Circle or write in:	Competitive Employment (full time or part time)	Volunteer Position
Does the student have previous paid work experience <u>outside</u> of the school programming? Please list.	Yes	No

Did the student receive job coaching or other support in previous jobs?	Yes	No
Does the student need frequent classroom/work breaks due to stress, or restroom needs?	Yes	No
Has the student ever been fired or quit a job? If yes, why?	Yes	No

List School Job Skills Training Experiences or Community Work Experience Below

Organization	Duties	Hours/Week	Supervisor	Phone #	Dates

Support Services					
Is the student SSI or SSDI eligible?				Yes	No
Is the student signed up with Opportunities for Ohioans with Disabilities (BVR)? If so, who is their counselor?				Yes	No
Is the student signed up with Greene County Board of Developmental Disabilities? If so, who is their case manager?				Yes	No
Does the student have any other support services through the school? If so, please list service and names.				Yes	No
Medical History- * please include all up to date information					
Please list student's medical and psychological diagnosis. *If available, please attach documentation.					
Does the student take medication on a regular basis? If yes, provide the details requested below:				Yes	No
Medication	Purpose	Dosage Amount	Dosage Schedule	Prescribing Physician	Physician Phone #
Does the student have an Emergency Plan? (seizure plan, etc.) If yes, please attach documentation.				Yes	No

I agree to the release of all pertinent school and medical records to the Project LIFE Staff.

Student Signature _____ Date _____

Parent/ Legal Guardian Signature _____
Date _____

Notes: