



Corporate Headquarters
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APPLICATION FOR ENROLLMENT

I am applying for admission for: Summer 2009 Fall 2009 Spring 2010 Fall 2010

•Please include an application fee of \$100 with this application.

Spectrum College Transition Program carefully screens applications for admission. Please take the time necessary to complete this application accurately and completely.

GENERAL INFORMATION

Date: _____ Male

Name: _____ Date of Birth: _____ Age: _____

Address: _____ Place of Birth: _____

City, State, Zip _____ English Primary Language? _____

Home Phone: _____ Social Security #: _____

Work Phone: _____ Student Cell Phone: _____

Student email: _____

FAMILY INFORMATION

Mother's Name: _____ Father's Name: _____

Address: _____ Address: _____

City, State, Zip _____ City, State, Zip _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

Employer: _____ Employer: _____

Business Address: _____ Business Address: _____

City, State, Zip: _____ City, State, Zip: _____

Phone: _____ Fax: _____ Phone: _____ Fax: _____

Occupation: _____ Occupation: _____

Family Information (Continued)

Step Mother's Name: _____

Step Father's Name: _____

Address: _____

Address: _____

City, State, Zip _____

City, State, Zip _____

Home Phone: _____

Home Phone: _____

Cell Phone: _____

Cell Phone: _____

Email: _____

Email: _____

Employer: _____

Employer: _____

Business Address: _____

Business Address: _____

City, State, Zip: _____

City, State, Zip: _____

Phone: _____ Fax: _____

Phone: _____ Fax: _____

Occupation: _____

Occupation: _____

Sibling Information

Please list all siblings in chronological order, include all step and half siblings.

Name	Age	Sex	Name	Age	Sex
_____	_____	_____	_____	_____	_____
Name	Age	Sex	Name	Age	Sex
_____	_____	_____	_____	_____	_____
Name	Age	Sex	Name	Age	Sex
_____	_____	_____	_____	_____	_____
Name	Age	Sex	Name	Age	Sex
_____	_____	_____	_____	_____	_____

EDUCATIONAL INFORMATION

Spectrum College Transition Program will need official copies of the applicant's High School and/or College transcripts. Please list all schools the applicant has attended from 9th through 12th grade. Also include colleges or other relevant educational programs. *(Please use additional paper if necessary.)*

School Name: _____ **Years Attended:** _____

Mailing Address: _____ **Phone:** _____

City, State, Zip: _____ **Grade level achieved or Diploma/Degree** _____

Advisor/Guidance Counselor at Current School Name: _____

School Name: _____ **Years Attended:** _____

Mailing Address: _____ **Phone:** _____

City, State, Zip: _____ **Grade level achieved or Diploma/Degree** _____

Advisor/Guidance Counselor at Current School Name: _____

School Name: _____ **Years Attended:** _____

Mailing Address: _____ **Phone:** _____

City, State, Zip: _____ **Grade level achieved or Diploma/Degree** _____

Advisor/Guidance Counselor at Current School Name: _____

Woodcock Johnson Academic Testing: Grade Equivalent

Reading: _____ **Writing:** _____ **Math:** _____ **Language:** _____

** Please include a copy of WOODCOCK JOHNSON with application.*

How were you referred to Spectrum College Transition Program?

Referred By: _____ **Phone:** _____

Address: _____ **Email:** _____

City, State, Zip: _____ **Consultant/WEB/MAG or Other** _____

APPLICANT INFORMATION

Have you ever had a roommate other than a family member? Yes_____ No_____

Have you ever been grocery shopping on your own? Yes_____ No_____

Do you know how to cook simple meals? Yes_____ No_____

Do you have a driver's license? Yes_____ No_____

Will you be bringing a car or vehicle with you to Spectrum College Transition Program? Yes_____ No_____

Do you consider yourself to be Messy?_____ Clean?_____

Do you have chores that you are responsible for at home? Yes_____ No_____

Do you have your own savings/checking account? Yes_____ No_____

Have you ever been hospitalized for psychological reasons? Yes_____ No_____

If Yes, Please give reason and date: _____

Do you take any medication? Yes_____ No_____

If Yes, Please describe for what: _____

Is there any past history of alcohol, drug or legal difficulties? Yes_____ No_____

If Yes, Please describe: _____

Have you ever been convicted of a felony? Yes_____ No_____

If Yes, Please explain: _____

Have you ever been suspended or dismissed from school? Yes_____ No_____

If Yes, Please explain: _____

Are you your own legal guardian? Yes_____ No_____

If No, Please explain: _____

Extracurricular, Community and Volunteer Activities

Please list your principle extracurricular, community, church, family activities and hobbies. Include specific events and/or major accomplishments such as musical instruments played, varsity letters earned, etc. Please indicate those activities you hope to pursue while attending Spectrum College Transition Program.

Special Information

1. Will you need tutoring in any subjects? _____
2. What are your best subjects? _____
3. Do you know what your major will be? _____
4. Do you want specialized training in any area? _____
5. Additional comments. _____

Please choose a school or program under the center you are applying for.

Arizona State University Community College Specialty Program _____

Gateway Academy

Please list 3 goals that you would like to achieve while attending Spectrum College Transition Program.

- _____
- _____
- _____

Student Self-Assessment of Skills

Skill	Outstanding	Excellent	Good	Average	Below Average	Poor
Ability to complete assignments						
Ability to take responsibility for my own actions						
Ability to use public transportation						
Cooking Skills						
Shopping Skills						
Housekeeping Skills						
Completing Chores						
Money Management						
Anger Management						
Relationships with Authority						
Relationships with Peers						
Relationships with Adults						

PARENT STATEMENT

Please explain your student's strengths:

Please list at least 3 goals you would like your student to achieve while attending Spectrum College Transition Program.

Parent Assessment of Student Skills

Skill	Outstanding	Excellent	Good	Average	Below Average	Poor
Ability to complete assignments						
Ability to take responsibility for my own actions						
Ability to use public transportation						
Cooking Skills						
Shopping Skills						
Housekeeping Skills						
Completing Chores						
Money Management						
Anger Management						
Relationships with Authority						
Relationships with Peers						
Relationships with Adults						

School
Name:

STATEMENT OF AUTHENTICITY

Name of person completing application: _____

Address: _____ City, State, Zip: _____

Phone Numbers: _____

If not applicant, relationship to applicant: _____

I CERTIFY THAT ALL THE INFORMATION IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE:

Signature of Applicant: _____ Date: _____

Signature of Preparer: _____ Date: _____

APPLICATION PACKET CHECKLIST...Please make sure to include ALL of the following:

- | | | | |
|-----------------------------|--------------------------|-----------------------|--------------------------|
| \$100 Application Fee | <input type="checkbox"/> | H. S. Transcripts/IEP | <input type="checkbox"/> |
| Fully completed Application | <input type="checkbox"/> | Student Photo | <input type="checkbox"/> |
| Woodcock Johnson | <input type="checkbox"/> | Reference Form | <input type="checkbox"/> |