

# TRANSITION LEARNING COMMUNITY APPLICATION

## APPLICANT INFORMATION

This Application for Admission will become part of your permanent record at Aberdeen Public School District. Please type or print neatly in ink. The Admission Committee will notify you of its decision as soon as your admission file is complete. A completed admission file includes:

- Completed Application
- One Letter of Recommendation
- High School Transcript
- Current Evaluation Documenting Disability
- IEP/ISP
- Transcript of All Previous College Work, if Applicable

Name (First, Middle Last): \_\_\_\_\_

Date of birth: \_\_\_\_\_

SSN: \_\_\_\_\_

Phone: \_\_\_\_\_

Current address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

ZIP Code: \_\_\_\_\_

Email: \_\_\_\_\_

\_\_\_\_ Male

\_\_\_\_ Female

Enroll in the Fall Semester 20\_\_\_\_

Health Concerns: \_\_\_\_\_

Medications: \_\_\_\_\_

## FUTURE PLANS

Probable Major or Area of Interest: \_\_\_\_\_ I am still deciding on a major.

Employment/Vocational Goal: \_\_\_\_\_

I will live \_\_\_\_ on Campus \_\_\_\_ at home

Other Colleges or Programs Considered: \_\_\_\_\_

## VOCATIONAL REHABILITATION STATUS

Have you applied and been made eligible for Vocational Rehabilitation Services? \_\_\_\_ Yes \_\_\_\_ No

Counselor's Name: \_\_\_\_\_

If not, please contact your local Vocational Rehabilitation office at <http://dhs.sd.gov/drs/>

## FAMILY

Parents' Marital Status: \_\_\_\_ Married \_\_\_\_ Never Married \_\_\_\_ Widowed \_\_\_\_ Separated \_\_\_\_ Divorced

With whom do you make your permanent home?

Mother's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_

Home Address (if different from yours): \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Father's Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: Cell \_\_\_\_\_ Home \_\_\_\_\_

Home Address (if different from yours): \_\_\_\_\_

\_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Legal Guardian (if other than parent) \_\_\_\_\_ Relationship to you: \_\_\_\_\_

First & Last Names of Brothers and Sisters: \_\_\_\_\_

\_\_\_\_\_

## EDUCATION

High School: \_\_\_\_\_

Attended from \_\_\_\_\_ to \_\_\_\_\_

Address (Street, City, State, Zip Code): \_\_\_\_\_

Have you received a signed diploma? \_\_\_\_ Yes \_\_\_\_ No

Name of Special Education teacher or case manager in high school: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## REFERENCES

Please list the activities in which you have participate, held office or received honors. If necessary, please attach additional pages with your name and address included.

Do you have plans to participate at NSU?

PERFORMING & VISUAL ARTS (Years) Positions Held, Honors Received, or Letters Earned	Yes	No

Do you have plans to participate at NSU?

ATHLETICS (Years) Positions Held, Honors Received, or Letters Earned	Yes	No

Do you have plans to participate at NSU?

ORGANIZATIONS & CLUBS (Years) Positions Held, Honors Received, or Letters Earned	Yes	No

Do you have plans to participate at NSU?

COMMUNITY, CHURCH, & SERVICE (Years) Positions Held, Honors Received, or Letters Earned	Yes	No

WORK EXPERIENCE	Summer	School Year

**YOU AND NSU**

Have you visited the NSU Campus?     Yes     No    If yes, when? \_\_\_\_\_

It is highly recommended that a tour be set up with the student, parents, and the teacher. Please set up a tour soon by calling the TLC program at 605.725.7106.

Please list any influences that led you to apply to the TLC program. If individuals, please list their names.

\_\_\_\_\_

Hometown Newspaper: _____	Newspaper City: _____
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Please indicate the teacher, counselor or community member who will submit your letter of recommendation.

Name \_\_\_\_\_ Email \_\_\_\_\_

Have you, the student, ever been suspended/expelled from a public school district? If yes, please explain: \_\_\_\_\_

I am making an application to the Transition Learning Community located in Aberdeen, SD of my own free will and want to attend this program. I will abide by the rules of the program and will work toward achieving my goals.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

The student will be charged by Northern State University at a rate of \$1821.10 per semester for a double room. This rate is subject to change as established by the South Dakota Board of Regents. Students living on campus are required to purchase a meal plan with a cost between \$1,825.35 and \$2,101.85 per semester. Second year students may choose from three other options that will cost no less than \$1,430.00 per semester. There is a possibility of a 5% increase in these rates.

I am willing and able to pay for a residence hall and meal plan. Payment arrangements may be made through the NSU Finance Office.

\_\_\_\_\_  
Signature of Parent or Payee

\_\_\_\_\_  
Date

I understand that should I be accepted into the program and selected to reside on campus, I will have to sign a NSU Residence Agreement that is binding for the full academic year and that I will agree to abide by all policies, rules, and regulations as outlined by this contract.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

**Permission to Photograph**

On occasion, students are photographed; videotaped, filmed, and/or interviewed for newspaper articles, brochures, television, and public information presentations. I hereby grant permission to be photographed and/or interviewed.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

**Consent to Participate**

NSU Education majors in a course on special education mentor students in the TLC program. These mentorships often lead to lasting friendships once the class is over. Part of the requirements of the NSU students is to view the TLC students' IEP and evaluation(s) to help them better understand the student. All NSU students are instructed in appropriate confidential procedures and sign confidential documents. I hereby grant permission for my student to be paired up with an Education Major mentor, to allow the mentor to view the IEP and evaluation, and understand the mentors will be held to strict confidential guidelines.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent

\_\_\_\_\_  
Date

I hereby affirm that the information contained on or with my application is correct, complete, and honestly presented.

Signature of applicant:

Date:

Form completed by: \_\_\_\_\_

Relationship to student: \_\_\_\_\_

Application and all school reports are to be mailed to:  
Transition Learning Community  
Aberdeen Public School District  
1224 S. 3<sup>rd</sup> St.  
Aberdeen, SD 57401