Ohio School for the Deaf 4 PLUS APPLICATION FOR ADMISSION

Date Application Received by 4Plus Program **Personal Information:** Legal Name: ____ (Last) (First) (Middle) Date of Birth (month-day-year) ______ Sex: M F Age: _____ Address: _____ (Street) (City) (Zip)Home Phone No.: () _____ (cell) ____ Email: _____ Present grade in school (circle one) 9 10 11 12 **Program Request: Check all that apply and explain:** Work: _____ Internship: ____ College: ____ Work/ School ____ Other ____ Independent Living _____ Explanation: Have you completed OSD's Senior Apartment Living experience or other Independent Living Experience? **Parent/Guardian Information:** Relationship: Phone Number () Email Home Address: (if different than student): To Be Completed By Your High School Records Department: Attendance: (9th) Days Absent: _____ (10th) Days Absent: _____ (11th)Days Absent: _____ (12th) Days Absent: _____ Credits Earned: Finished All High School Credits? Circle One: Yes or No (If no, please list needed classes) Potential Exit HS date? Current GPA: ______ Reading Level on Standardized Testing: _____Name of Standardized Tests Taken:_____ Last completed ETR (Evaluation Team Report: MFE)?_____

Do you have a Driver's License?
Do you have your own transportation?
Note any special circumstances: (e.g. Medical/Behavioral):
OCD A DI LIC A DDI LCATION OLIFOTIONO
OSD 4 PLUS APPLICATION QUESTIONS
1. Why do you want to attend the 4PLUS Program?
2. What do you expect to learn about in the 4PLUS Program?
3. What skills do you have that will make you successful?
4. What are two of your personal strengths? How will they contribute to your success? (For example:
strengths: I always work hard or I always show up on time for job)
5. What kind of job do you want?
6. When you look into the future what do you see for yourself doing?