

# SUMMER TRANSITION JUNE 18<sup>TH</sup> – 21<sup>ST</sup>, 2012

**For Students ages 16-21      Limited Space Available**

**Classes are Monday through Thursday – 1:00 PM – 4:00 PM**

**Classes start and end every day at Cornerstones Career Learning Center**

**33 3<sup>rd</sup> St. SE, Huron SD**

Please type or print in black ink. Mail the application and \$20 fee (make checks payable to ILC) back to the address below:

Independent Living Choices  
Attn: Nancy Penaranda  
1371 Dakota S  
Huron, SD 57350



There will be no refund for the \$20. This goes to the cost of the program.

Student's Name \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_

Parent/Guardian's Name \_\_\_\_\_

Student's Address \_\_\_\_\_

\_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

\_\_\_\_\_

Home telephone number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_

Social Security Number \_\_\_\_\_

Name of High School \_\_\_\_\_

School Mailing Address \_\_\_\_\_

\_\_\_\_\_

Special Education Teacher's Name \_\_\_\_\_

Teacher's Telephone Number (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Date of Expected Graduation \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*\*Please include a copy of your Individualized Education Plan (IEP)**

Please describe your disability: \_\_\_\_\_

\_\_\_\_\_

Are you in any need of special accommodations? If yes, what accommodations do you need? \_\_\_\_\_

\_\_\_\_\_