



A youth transition program of The Center for Independent Living Options, Inc.

2018 Student Application

Date of Application: _____

Student Information

First Name: _____ Last Name: _____ Preferred Name: _____

Gender: _____ Date of Birth: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Student's current school: _____ Grade: _____

Does the student have an IEP (Individualized Educational Plan)? _____

What is the student's disability/diagnosis?

Is student: ___ Verbal ___ Non-Verbal ___ Uses Communication Device

Please answer the following questions completely. (Enter N/A if any are not applicable)

List all current medications: *(YOLO staff does not administer medication)*

Significant health conditions: _____

Allergies: _____

Special diet/food restrictions: _____

Any physical limitations or concerns: _____

Behavioral difficulties: _____

What special interests and strengths does the student have?

What are the student's current areas of need or challenges?

Will the student have reliable transportation each day? _____

How did you hear about YOLO? _____

Has the student attended YOLO in the past? (Circle all that apply) 2013 2014 2015 2016 2017

Parent/Guardian Contact and Mailing Address

First Name: _____ Last Name: _____

Address: _____

Phone Number: _____ Alternate Phone Number: _____

Relationship to Youth: _____

Email: _____

I hereby make an application for _____ to attend YOLO. I have provided information to the best of my knowledge.

Parent/Guardian Signature

Date

Please Return Completed Application by May 1, 2018:

CILO Summer Program
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