



**GPS**  
**Groves**  
 Post-Secondary  
 Program

*Education, Internship, Lifework*

# Groves Post Secondary Program Application: Parents

Date: \_\_\_\_\_

Name of student \_\_\_\_\_

Age \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Father \_\_\_\_\_ Mother \_\_\_\_\_

Name \_\_\_\_\_ Name \_\_\_\_\_

Address \_\_\_\_\_ Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Home Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Occupation \_\_\_\_\_

Employer \_\_\_\_\_ Employer \_\_\_\_\_

Employer Address \_\_\_\_\_ Employer Address \_\_\_\_\_

Work Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email Address \_\_\_\_\_ Email Address \_\_\_\_\_

What is the best way to reach you during the day? \_\_\_\_\_

Parents' marital status: \_\_\_\_\_

With whom does the student presently live? \_\_\_\_\_

Who is legally and financially responsible for tuition payments? \_\_\_\_\_

Does the student currently have an IEP (Individualized Education Plan)? \_\_\_\_\_

Please describe the services provided for under the IEP: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*For questions on this form or additional program information, please contact Josh Tierney at 952.915.4245 or tierneyj@grovesacademy.*