



**Hope Retreat Ranch**  
**Student Transition Enrichment Program (S.T.E.P.)**  
**Student Application**

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Driver's license: Yes or No

Address (include city and zip code): \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Due to outdoor working conditions, the following information is required to attend this program.

Medical history: \_\_\_\_\_

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

Do you have any restrictions on the following? (Circle the answer)

Lifting: No Yes If yes, restriction amount \_\_\_\_\_

Walking: No Yes

Heat tolerance: No Yes

Noise tolerance: No Yes

Allergies: No Yes If yes, please list \_\_\_\_\_

Initial that you agree to the following:

\_\_\_\_\_ I have read and understand the class description.

\_\_\_\_\_ I commit to the entirety of this program.

\_\_\_\_\_ I consent to photographs taken during the program to be published at HRR's discretion.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Guardian Signature \_\_\_\_\_ Phone \_\_\_\_\_