

**Adult Education Program
Student Registration Form**

Completion of this form is required for all adult learners in all programs. Required data fields are indicated with an asterisk (*).
Please print legibly. All signatures should be in ink.

*Entry Educational Functioning Level:	*Pre-test date, form/level, score:
Site/Class:	
Institution 1:	Institution 2:

STUDENT CONTACT INFORMATION

Today's Date: _____ **Orientation Date:** _____

Social Security Number: _____ - _____ - _____ ***Date of Birth:** ____/____/____ **Age:** _____
Month / Day / Year

***Name:** _____
First Middle Last Suffix

***Address:** _____
Street Address/PO Box Apartment or Unit Number City State Zip

***County of residence:** _____ **Email Address:** _____

Cell Phone: (____) _____ (Are texts OK? Yes No) **Other Phone:** (____) _____

EMERGENCY CONTACT INFORMATION

Name: _____ **Phone:** (____) _____ **Relationship:** _____
First Last

STUDENT DATA

***Hispanic/Latina/Latino:** **No**, not Hispanic/Latina/Latino **Yes**, Hispanic/Latina/Latino

***Race:** (Select one or more) American Indian or Alaska Native
 Asian
 Black or African-American
 Native Hawaiian or Other Pacific Islander
 White

***Gender:** Female Male

***What was the highest school grade you completed? (select one)**

<input type="checkbox"/> No School Grade Completed	<input type="checkbox"/> 1 st grade	<input type="checkbox"/> 2 nd grade	<input type="checkbox"/> 3 rd grade	<input type="checkbox"/> 4 th grade	<input type="checkbox"/> 5 th grade	<input type="checkbox"/> 6 th grade	<input type="checkbox"/> 7 th grade	<input type="checkbox"/> 8 th grade	<input type="checkbox"/> 9 th grade	<input type="checkbox"/> 10 th grade	<input type="checkbox"/> 11 th grade	<input type="checkbox"/> 12 th grade
--	--	--	--	--	--	--	--	--	--	---	---	---

***What was the highest educational level you completed? (select one)**

<input type="checkbox"/> None	<input type="checkbox"/> High School Diploma	<input type="checkbox"/> High School Equivalency (GED)	<input type="checkbox"/> Certificate of Attendance/Completion	<input type="checkbox"/> One year or more of postsecondary education, no degree	<input type="checkbox"/> Postsecondary Technical or Vocational Certificate	<input type="checkbox"/> Associate's degree	<input type="checkbox"/> Bachelor's degree	<input type="checkbox"/> Master's degree	<input type="checkbox"/> Specialist's degree	<input type="checkbox"/> Doctorate or Professional degree	<input type="checkbox"/> Unknown
-------------------------------	--	--	---	---	--	---	--	--	--	---	----------------------------------

***Was your highest education level completed in the United States or at a U.S.-based school?** Yes No

Have you enrolled in Adult Education before? No Yes. Which Program? _____

Please continue to the next page.

*Name: _____
First Middle Last Suffix

STUDENT STATUS and SPECIAL POPULATIONS

*What is your work status? (select one)

Working

If working, are you? Full-time Part-time

Working, but my job is ending or my place of work is closing

Not working, but looking for work

Has it been 27 weeks (six months) or longer since you had a job? Yes No

Not working and not looking for work (stay at home, retired, incarcerated, etc.)

*Have you (or someone in your household) received any of the following in the last six months?

Yes No TANF (Temporary Assistance for Needy Families)

Yes No Have you received TANF for more than 2 years in total?

Yes No SNAP (Supplemental Nutrition Assistance Program) "Food Stamps"

Yes No SSI (Supplemental Security Income)

Yes No State or Local income-based public assistance

How many family members, including yourself, have lived in your household in the last six months? _____

What is the total yearly income for all members of your household? \$ _____

*Do any of the following statements apply to you?

Yes No I have a low income.

Yes No I am a former homemaker who is having trouble finding a job or a better job.

Yes No I am a single parent. I am unmarried or separated from my spouse and have primary responsibility for one or more dependent children under the age of 18 or I am a single, pregnant woman.

Yes No I am homeless. I live in a motel, hotel, campground, transitional housing, or with another person because I lost my house or apartment.

Yes No I have a criminal record that makes it hard to find a job. (Do not select if you are currently incarcerated.)

Yes No I am in the foster care system (or I used to be) and I am less than 24 years old.

Yes No I am a farmworker. I am a seasonal farmworker who has worked the last 12 months in agricultural or fish farming labor.
(If yes, select a subcategory) I am a seasonal farmworker with no permanent residence (migrant).
 I am a dependent of a farmworker.

*Are you an individual with a physical and/or learning disability? Yes No Do not wish to disclose

*Do you request special accommodation(s) based upon your physical and/or learning disability? Yes No

If the class you attend is associated with a correctional facility, please provide your GDC ID#: _____

Language spoken at home: _____ Country of Birth: _____

Confidentiality Notice

This adult education program may release your student information for only specific reasons allowed under the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), such as program evaluation purposes. If you do not wish this information to be disclosed, please check this box:

By signing this, I agree that the information submitted is accurate and can be used for contact and registration purposes.

*Student's Signature: _____ *Date: _____

*Staff Member's Signature: _____ *Date: _____

The Technical College System of Georgia and its grant-funded adult education providers do not discriminate on the basis of race, color, creed, national or ethnic origin, sex, religion, disability, age, political affiliation or belief, genetic information, disabled veteran, veteran of the Vietnam Era, spouse of military member or citizenship status (except in those special circumstances permitted or mandated by law).