

Student Registration Information Form

Date Submitted:		Program Option(s)	
Student Type: <input type="checkbox"/> Returning <input type="checkbox"/> New		<input type="checkbox"/> ESL (AM) <input type="checkbox"/> ESL (PM) <input type="checkbox"/> GED (AM)	<input type="checkbox"/> GED (PM) <input type="checkbox"/> ABE (Afternoon) <input type="checkbox"/> ABE (Evening) <input type="checkbox"/> Citizenship <input type="checkbox"/> NEDP
Staff Use Only: <input type="checkbox"/> PEP-Family Literacy <input type="checkbox"/> IELCE Student <input type="checkbox"/> ESL Student			
Personal Information			
Last Name	First Name	Middle Name	Suffix
Preferred Name	Date of Birth / /	Residence Area <input type="checkbox"/> Rural <input type="checkbox"/> Urban	
Social Security Number	SASID	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Country You Were Born In	Language Spoken at Home		
Ethnicity:	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
Race:	<input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or Other Pacific Islander		
Contact Information			
Home Street Address			
City	County	State	Zip Code
Phone Number		Type <input type="checkbox"/> Cell <input type="checkbox"/> Home	
Email Address			
Emergency Contact Name	Emergency Contact Number	Emergency Contact Relation	
WIOA Core Programs			
Title I Adult Do you receive individualized services through the AJC? Receive regular career counseling (group or individual) assigned worker appointments? Enrolled in training (for age 24+) paid for by the AJC?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Title I Dislocated Worker Do you receive unemployment benefits? Identify as a dislocated worker or trying to return to work from previously working as a homemaker?			<input type="checkbox"/> Yes <input type="checkbox"/> No

Title I Youth Are you currently an in-school or out-of-school youth who is out and receiving services from your local American Job Center (AJC)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title III Wagner-Peyser Are you currently registered with your local AJC? Do you currently utilize your local AJC for workshops and the self-serve computer access?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Title IV Vocational Rehabilitation Are you currently working with the Bureau of Rehabilitation Services (BRS) to find employment? Do you have a disability that impacts your ability to obtain and maintain employment? Do you have an employment plan with the state vocational rehabilitation agency/BRS/BESB?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Education Information	
Highest Education Level Completed:	
Highest Educational Level Location: <input type="checkbox"/> United States-based schooling <input type="checkbox"/> Non-United States-based schooling	
Last School Attended:	
Employment Information	
Employment Status: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Employed, Full Time <input type="checkbox"/> Employed, Part Time <input type="checkbox"/> Unemployed <input type="checkbox"/> Not looking for work </div> <div> <input type="checkbox"/> Unavailable for work <input type="checkbox"/> Retired <input type="checkbox"/> Employed with Separation Notice </div> </div>	
Name of Employer:	
Barriers to Education	
Cultural Barriers Do you feel your culture, beliefs, or practices makes finding/keeping a job harder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disabled Do you wish to disclose any disability that limits your life activities?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Displaced Homemaker Are you a former homemaker who is having trouble finding a job or a better job?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Low Income / Public Assistance Do you have a low income? Do you receive SNAP, TANF, SSI, or local public assistance? Are you a foster child or homeless?	<input type="checkbox"/> Yes <input type="checkbox"/> No
English Language Learner Are you an English Language Learner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ex Offender Have you been subjected to any stage of the criminal justice process for committing a status offense or delinquent act? Do you have a previous record of arrest or conviction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
No TANF Within 2 Years or Less Within two years, will you no longer be eligible to receive Temporary Assistance for Needy Families (TANF) benefits?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Youth in Foster Care Are/were you in the foster care system AND are under 24 years old?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Homeless or Runaway Youth Are you homeless? Do you lack a regular and adequate residence? Do you live in a motel, hotel, campground, transitional housing or with another person because you lost your house or apartment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Long-Term Unemployed Have you been unemployed for 27 or more weeks (more than 6 months)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Low-Level Literacy (ABE, GED, NEDP, CDP students; all students who do not have a Secondary School Diploma at entry). Are your literacy levels low?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Migrant and Seasonal Farmworker If yes, are you a: Seasonal farmworker who has worked in the last 12 months in agriculture, fish or on a farm? Seasonal worker with no permanent residence (migrant)? Dependent of a farmworker?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Dislocated Worker Have you been fired or laid off? Are you unemployed because the place where you worked has closed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Single Parent or Guardian (Or Single Pregnant Woman) Are you a single parent, unmarried or separated and have primary responsibility for one or more children under age 18, or are you a single, pregnant woman??	<input type="checkbox"/> Yes <input type="checkbox"/> No
Miscellaneous Characteristics	
Why are you enrolling in Adult Education? <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> Improve Job Prospects <input type="checkbox"/> Improve English <input type="checkbox"/> Obtain Driver's License <input type="checkbox"/> Obtain US Citizenship <input type="checkbox"/> Qualify for Training/Military <input type="checkbox"/> Social / Improve My Skills <input type="checkbox"/> Required to Attend </div> <div style="width: 48%;"> <input type="checkbox"/> Improve Reading Skills <input type="checkbox"/> Improve Math Skills <input type="checkbox"/> Get Diploma or Certificate <input type="checkbox"/> Help My Children <input type="checkbox"/> Qualify for College <input type="checkbox"/> Other (Please specify): </div> </div>	
How did you hear about Adult Education?	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Select all that apply to you: <input type="checkbox"/> Receive Public Assistance <input type="checkbox"/> Minor with Adult Status <input type="checkbox"/> Correctional <input type="checkbox"/> Needs Child / Dependent Care <input type="checkbox"/> Mother Under 17 - C.G.S 10-73d <input type="checkbox"/> Immigrant <input type="checkbox"/> Institutional <input type="checkbox"/> Needs Transportation </div> <div style="width: 48%;"> Which of the following do you have at home? <input type="checkbox"/> Computer with Camera <input type="checkbox"/> Computer without Camera <input type="checkbox"/> Webcam <input type="checkbox"/> Headset with Microphone <input type="checkbox"/> Mobile Phone <input type="checkbox"/> Home Phone <input type="checkbox"/> Internet Access <input type="checkbox"/> Printer <input type="checkbox"/> Scanner </div> </div>	

Family Information

Are you the parent or guardian of...

- ☐ Child(ren) 5 years old & younger
 ☐ Child(ren) 11 - 18 years old
☐ Child(ren) 6 - 10 years old
 ☐ No child(ren) or child(ren) 18 years and older
☐ I am a Mother under 17 (C.G.S. 10-73d)

of child(ren) 5 years old & younger:

of child(ren) 6 - 10 years old:

of child(ren) 11-18 years old:

Exam Dates & Times

Computer Acceptable Use Policy

☐ I agree to take personal responsibility for following the rules of the acceptable use policy stated in this contract. I will:

1. Use the on-line resources provided by my school ONLY for school-sanctioned projects.
2. Use the on-line resources provided by my school ONLY with the permission of a teacher or library media specialist.
3. Use language on-line which is consistent with school policy.
4. Not tamper with equipment or software; nor alter the network interface; nor attempt to gain access to the data and files of others; nor attempt to access information on the Internet, or other online services, not consistent with the educational goals of the school; nor violate any copyright laws.
5. Report any problems or breaches of this agreement to a teacher.
6. Not use the Internet inappropriately and understand that if I do, my behavior will result in:
 - a. Losing all on-line privileges within the school setting.
 - b. Being subjected to disciplinary measures under Windsor Adult Education Policy, Board of Education Policy, and/or being referred to the appropriate legal authorities, if warranted.

Electronic Signature

Signature:

I am willing to be included in data matching for the benefit of Windsor Adult Education.

**Data matching is used to improve program performance and serve students. The data will be compiled to find out how well adult education programs are performing throughout the country and to improve Windsor's program services. All information will be kept confidential and NO NAMES, OR OTHER IDENTIFYING INFORMATION will be associated with your data.*

- ☐ I agree
☐ I do not agree

I give permission for Windsor Adult Education to use my photograph, likeness, video and audio, artwork and /or story in publications, web pages or other materials produced, used by and representing Windsor Adult Education.

- ☐ I agree
☐ I do not agree