

Student Registration Information Form			
<b>Date Submitted:</b>		<b>Program Option(s)</b>	
<b>Student Type:</b>		<input type="checkbox"/> ESL (AM) <input type="checkbox"/> GED (PM) <input type="checkbox"/> ABE (Evening) <input type="checkbox"/> ESL (PM) <input type="checkbox"/> GED Walk-in <input type="checkbox"/> Citizenship <input type="checkbox"/> GED (AM) <input type="checkbox"/> ABE (Afternoon) <input type="checkbox"/> NEDP	
<input type="checkbox"/> Returning <input type="checkbox"/> New		<input type="checkbox"/> PEP-Family Literacy <input type="checkbox"/> IELCE Student <input type="checkbox"/> ESL Student	
<b>Staff Use Only:</b>			
Personal Information			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	<b>Suffix</b>
<b>Preferred Name</b>	<b>Date of Birth</b> / /	<b>Residence Area</b> <input type="checkbox"/> Rural <input type="checkbox"/> Urban	
<b>Social Security Number</b>	<b>SASID</b>	<b>Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
<b>Country You Were Born In</b>	<b>Language Spoken at Home</b>		
<b>Ethnicity:</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
<b>Race:</b>	<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			
<b>Home Street Address</b>			
<b>City</b>	<b>County</b>	<b>State</b>	<b>Zip Code</b>
<b>Phone Number</b>		<b>Type</b> <input type="checkbox"/> Cell <input type="checkbox"/> Home	
<b>Email Address</b>			
<b>Emergency Contact Name</b>	<b>Emergency Contact Number</b>	<b>Emergency Contact Relation</b>	
WIOA Core Programs			
<b>Title I Adult</b> 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
<b>Title I Dislocated Worker</b> 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



<p><b>Homeless or Runaway Youth</b> 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?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>														
<p><b>Long-Term Unemployed</b> Have you been unemployed for 27 or more weeks (more than 6 months)?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>														
<p><b>Low-Level Literacy</b> (ABE, GED, NEDP, CDP students; all students who do not have a Secondary School Diploma at entry). Are your literacy levels low?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>														
<p><b>Migrant and Seasonal Farmworker</b> If yes, are you a:</p> <p>    Seasonal farmworker who has worked in the last 12 months in agriculture, fish or on a farm?</p> <p>    Seasonal worker with no permanent residence (migrant)?</p> <p>    Dependent of a farmworker?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p> <p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>														
<p><b>Dislocated Worker</b> Have you been fired or laid off? Are you unemployed because the place where you worked has closed?</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>														
<p><b>Single Parent or Guardian (Or Single Pregnant Woman)</b> 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??</p>	<p><input type="checkbox"/> Yes    <input type="checkbox"/> No</p>														
<p><b>Miscellaneous Characteristics</b></p>															
<p><b>Why are you enrolling in Adult Education?</b></p> <table border="0" style="width: 100%;"> <tr> <td><input type="checkbox"/> Improve Job Prospects</td> <td><input type="checkbox"/> Improve Reading Skills</td> </tr> <tr> <td><input type="checkbox"/> Improve English</td> <td><input type="checkbox"/> Improve Math Skills</td> </tr> <tr> <td><input type="checkbox"/> Obtain Driver's License</td> <td><input type="checkbox"/> Get Diploma or Certificate</td> </tr> <tr> <td><input type="checkbox"/> Obtain US Citizenship</td> <td><input type="checkbox"/> Help My Children</td> </tr> <tr> <td><input type="checkbox"/> Qualify for Training/Military</td> <td><input type="checkbox"/> Qualify for College</td> </tr> <tr> <td><input type="checkbox"/> Social / Improve My Skills</td> <td><input type="checkbox"/> Other (Please specify):</td> </tr> <tr> <td><input type="checkbox"/> Required to Attend</td> <td></td> </tr> </table>		<input type="checkbox"/> Improve Job Prospects	<input type="checkbox"/> Improve Reading Skills	<input type="checkbox"/> Improve English	<input type="checkbox"/> Improve Math Skills	<input type="checkbox"/> Obtain Driver's License	<input type="checkbox"/> Get Diploma or Certificate	<input type="checkbox"/> Obtain US Citizenship	<input type="checkbox"/> Help My Children	<input type="checkbox"/> Qualify for Training/Military	<input type="checkbox"/> Qualify for College	<input type="checkbox"/> Social / Improve My Skills	<input type="checkbox"/> Other (Please specify):	<input type="checkbox"/> Required to Attend	
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<p><b>How did you hear about Adult Education?</b></p>															
<p><b>Select all that apply to you:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Receive Public Assistance</li> <li><input type="checkbox"/> Minor with Adult Status</li> <li><input type="checkbox"/> Correctional</li> <li><input type="checkbox"/> Needs Child / Dependent Care</li> <li><input type="checkbox"/> Mother Under 17 - C.G.S 10-73d</li> <li><input type="checkbox"/> Immigrant</li> <li><input type="checkbox"/> Institutional</li> <li><input type="checkbox"/> Needs Transportation</li> </ul>	<p><b>Which of the following do you have at home?</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Computer with Camera</li> <li><input type="checkbox"/> Computer without Camera</li> <li><input type="checkbox"/> Webcam</li> <li><input type="checkbox"/> Headset with Microphone</li> <li><input type="checkbox"/> Mobile Phone</li> <li><input type="checkbox"/> Home Phone</li> <li><input type="checkbox"/> Internet Access</li> <li><input type="checkbox"/> Printer</li> <li><input type="checkbox"/> Scanner</li> </ul>														

**Family Information**

**Are you the parent or guardian of...**

- |   |   |
|---|---|
| <input type="checkbox"/> Child(ren) 5 years old & younger       | <input type="checkbox"/> Child(ren) 11 - 18 years old                   |
| <input type="checkbox"/> Child(ren) 6 - 10 years old            | <input type="checkbox"/> No child(ren) or child(ren) 18 years and older |
| <input type="checkbox"/> 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