

SJR State College – New Student Adult Education Registration Form

*Grey area for College use only

Enrollment Date _____ Term: _____

Name: _____
Last First MI Previous Name

Social Security #: _____ Student ID Number: _____

Birthdate: _____ Gender: _____ Male _____ Female

Address (include City, State, and Zip): _____

Telephone: Home (_____) _____ Cell (_____) _____

Emergency # (_____) _____ Email _____

Race (check one or more):

_____ White _____ Black or African American _____ Asian _____ American Indian/Alaskan Native
 _____ Native Hawaiian or Other Pacific Islander

Ethnicity (check one):

Last school attended: _____ USA _____ Non- USA

_____ Hispanic or Latino _____ Non- Hispanic or Latino

Citizenship (check one):

_____ U.S. Citizen _____ Non-U.S. Citizen*

*If you are not a U.S. Citizen, indicate Country of Citizenship: _____

*Permanent Resident Aliens indicate Resident Alien Number: _____

Employment Status (select one upon entry for each term/semester)

Employed Unemployed (Looking for employment) Not in labor force (Not seeking employment)

I give permission for the Department of Education, GED Department to release my GED exam scores and transcripts to SJR State Department of Adult Education. Signature: _____

_____ Initial to OPT in: In applying for or receiving services your personal and confidential information:

- a) Will be shared only among the WIOA core program partner staff and subcontractors;
- b) Will be used only for the purpose of conducting an employment data match and that further disclosure of personal confidential information or records is prohibited; and
- c) Will not be shared among WIOA core partners if the individual declines to share personal confidential information or records and that declining to share will not impact eligibility for services.

_____ Initial to OPT out

CRN	Course Title	Time	Initials

Student Data Summary Form

Date completed:

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Student Email: _____

Social Security #: _____ Date of Birth: _____

Address: _____
Street or PO Box

City: _____ State: _____ ZIP Code: _____ County: _____

Phone: _____ Alternate Phone: _____

Gender: Male Female

Ethnicity: Latino or Hispanic Origin

Race – Select all that apply:

American Indian or Alaskan Native Asian Black or African American

Native Hawaiian or other Pacific Islander White

Highest School Grade Completed (Select One):

- | | |
|--|---|
| <input type="checkbox"/> No school grades completed | <input type="checkbox"/> Completed some college, but did not earn a certificate or degree |
| <input type="checkbox"/> Completed at least part of 1 st through 11 th grade | <input type="checkbox"/> Earned a Career Certificate |
| Highest grade completed: _____ | <input type="checkbox"/> Earned an Associate of Applied Sciences degree |
| <input type="checkbox"/> Completed the twelfth grade, but did not attain a diploma or equivalency | <input type="checkbox"/> Earned an Associate of Science degree |
| <input type="checkbox"/> Earned a high school diploma | <input type="checkbox"/> Earned an Associate of Arts degree |
| <input type="checkbox"/> Earned a high school equivalency | <input type="checkbox"/> Earned a Bachelor's degree |
| <input type="checkbox"/> Have a disability and attained a special diploma or high school certificate of attendance/completion from completing an Individual Education Plan (IEP) | <input type="checkbox"/> Attained beyond a Bachelor's degree |

Where this level was achieved: U.S. based school Not U.S. based school

Employment Status: (Select One – To be completed upon entry for each term/semester)

- Employed
- Employed but with Notice of Termination or in transition out of military service
- Not Employed (looking and eligible for employment)
- Not in Labor Force (incarcerated, not eligible for employment, or not seeking employment)

The school system and the Florida College System provides services for persons with disabilities. If you need assistance in the course of your studies, please notify a school or college administrator.

Background (Select all that apply – To be completed upon entry for each term/semester):

- On Public Assistance Living in Rural Area Youth in Foster Care (including aged-out)
- Single Parent Single Pregnant Woman Perceived employment barriers
- Previously or currently subject to any stage of the criminal justice process
- Low-income individual (or their dependent) employed primarily in farming currently unemployed or finding difficulty obtaining work for 12 months out of the last two years
- Migrant or seasonal farmworker (or their dependent) Homeless without a fixed, regular nighttime residence
- Homeless but staying in non-traditional housing (ex: park, abandoned building, or bus station)
- Child of migrants who have changed school districts in the last 3 years due to parents' seasonal employment
- Previously unemployed or underemployed while caring for home and family (unpaid)
- Previously supported by public assistance or family, and now unemployed or underemployed
- Parent of a child within two years of no longer receiving TANF (formerly AFDC)
- Unemployed dependent spouse of a member of the Armed Forces on active duty or is deceased or disabled as a result of military service

This Section to be completed by Adult General Education Agency

Enrollment Date: _____

Separation Date: _____

Signed Release of Information on File: Yes No

Program Enrollment Type – Select all that apply:

- ABE GED ELL/Civics

Institutional Programs:

- Correctional Facility Community Correctional Program Other Institutional Settings

Assessment – Pretest within first 12 hours of instruction

Assessment name: _____ Date: _____

	Form	Level	Scale Scores
Reading			
Math			
Language			
Listening			

Class Information

Distance Education

Class Site: _____

Expected Attendance Hours/Dates
(Weekly/Monthly):
