

Enrollment Date

ADULT EDUCATION AND LITERACY STUDENT ENROLLMENT FORM

Revised 04/06/16

PERSONAL INFORMATION

STUDENT NAME				DOCUMENT TYPE (ONE ONLY)	DOCUMENT NUMBER	DATE OF BIRTH			GENDER
TITLE	LAST NAME (FAMILY NAME)	FIRST NAME	MI	Social Security # (Preferred) <input type="checkbox"/>		MM	DD	YYYY	<input type="checkbox"/> Female
<input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/> Dr.				Locally Assigned Number <input type="checkbox"/>					<input type="checkbox"/> Male
				OTHER <input type="checkbox"/>					

ETHNICITY		RACE (CHECK ALL THAT APPLY)				
Are you Hispanic or Non-Hispanic?						
<input type="checkbox"/> Hispanic/Latino. <i>Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.</i>	<input type="checkbox"/> Not Hispanic	<input type="checkbox"/> American Indian or Alaska Native <i>Person having origins in any of the original peoples of North and South America, including Central America</i>	<input type="checkbox"/> Asian <i>Person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent incl. for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, and Vietnam</i>	<input type="checkbox"/> Black/African American <i>Person having origins in any of the black racial groups of Africa</i>	<input type="checkbox"/> Native Hawaiian/Pacific Islander <i>Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands</i>	<input type="checkbox"/> White <i>Person having origins in any of the peoples of Europe, the Middle East, or North Africa</i>

STREET ADDRESS	CITY	STATE	ZIP CODE	MOBILE TEL. #	WORK TEL. #Ext #
				HOME TEL. #	E-MAIL ADDRESS

PARTICIPANT STATUS UPON ENTRY INTO THE PROGRAM

<input type="checkbox"/> Disabled <input type="checkbox"/> On Public Assistance <input type="checkbox"/> Living in Rural Area (places of less than 2,500 inhabitants and is not near any metropolitan area with a population greater than 50,000, or in a city with adjacent areas of high density) <input type="checkbox"/> Living in Urban Area	Employment Status (Check one only): <input type="checkbox"/> Employed # Hours Week <input type="text"/> <input type="checkbox"/> Unemployed - looking for work <input type="checkbox"/> Unemployed - NOT looking for work Reason for not looking for work (required) (Choose one): <input type="checkbox"/> Full time caregiver/parent <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Ineligible to work <input type="checkbox"/> Dependent <input type="checkbox"/> Institutionalized Other <input type="text"/>	Other Status: <input type="checkbox"/> Low-Income <input type="checkbox"/> Single Parent <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Learning-Disabled Adult *For Corrections and Institutional Funded Program Participants Only <input type="checkbox"/> *In Correctional Facility <input type="checkbox"/> *In Community Corrections <input type="checkbox"/> *Other Institutionalized Setting	**In Specifically Designed Program Only: <input type="checkbox"/> **In Family Lit. Program(s) <input type="checkbox"/> **In Program for the Homeless <input type="checkbox"/> **In Workplace Literacy Program(s) Highest Grade Completed <input type="text"/> <input type="checkbox"/> Completed IN the U.S. <input type="checkbox"/> Completed OUTSIDE U.S. <input type="checkbox"/> Never Attended School <input type="checkbox"/> High School graduate <input type="checkbox"/> GED graduate <input type="checkbox"/> Some college, no degree <input type="checkbox"/> College or professional degree	Profile Variables <input type="checkbox"/> On Parole <input type="checkbox"/> On Probation (Community Supervision) <input type="checkbox"/> Participant in Job & Training Program <input type="checkbox"/> TANF Referral <input type="checkbox"/> Expanded Eligibility for TANF <input type="checkbox"/> One-Stop Center Referral
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CORE FEDERAL GOAL(S)

- ☐ Obtain High School Diploma
☐ Obtain GED
☐ Obtain a Job
☐ Retain Job or Advance in Job
☐ Enrollment in College or Other Training

SECONDARY GOAL(S)

- | | | |
|--|---|--|
| <input type="checkbox"/> Leave Public Assistance
<input type="checkbox"/> Achieve Citizenship Skills
<input type="checkbox"/> Greater Involvement in Children's Education
<input type="checkbox"/> Greater Involvement Children's Literacy Activities
<input type="checkbox"/> Greater Involvement in Community Activities
<input type="checkbox"/> Register to Vote or Vote for First Time | <input type="checkbox"/> Improve Basic Skills
<input type="checkbox"/> Make Progress in English (LEP)
<input type="checkbox"/> Obtain U.S. Citizenship
<input type="checkbox"/> General Involvement (Volunteering)
<input type="checkbox"/> Obtain/Improve: Parenting
<input type="checkbox"/> Obtain/Improve: Health Care | <input type="checkbox"/> Obtain/Improve: Occupational Skills
<input type="checkbox"/> Obtain/Improve: Government and Law
<input type="checkbox"/> Obtain/Improve: Community Resource
<input type="checkbox"/> Obtain/Improve: Consumer Economics
<input type="checkbox"/> Other <input type="text"/> |
|--|---|--|

PARTICIPANT RELEASES

PARTICIPANT ACKNOWLEDGEMENT AND RELEASE OF INFORMATION

The information provided is complete and correct to the best of my knowledge. I agree to abide by Adult Education Program policies, rules and regulations. I further understand the submission of false information is grounds for rejection of my application, withdrawal of acceptance, and cancellation of enrollment. My signature below shall constitute acknowledgement to statistical use of my records of enrollment, progress, and transition under the application laws, TEA regulations and Adult Education Program internal policies as aggregate statistical data in evaluation of the program, and shall constitute a precondition for enrollment in this adult education and literacy program. I acknowledge that the Adult Education Program and the Texas Education Agency (TEA) will release information to other state and federal agencies for verification, follow-up, and tracking and to generate reports to monitor the program. Participants who are 16 and 17 year of age must have written permission to participate in the program.

I give my consent for release of directory information, which consists of name, address, telephone number, date of birth, dates of attendance, degrees obtained, and field of study.

☐ Check this box to AUTHORIZE CONSENT

☐ Check this box as parent or guardian AUTHORIZING CONSENT

☐ Check this box NOT AUTHORIZING CONSENT

☐ Check this box as parent or guardian NOT AUTHORIZING CONSENT

STUDENT SIGNATURE

DATE

PARENT'/GUARDIAN SIGNATURE

DATE

POST SECONDARY ENROLLMENT PARTICIPANT RELEASE OF INFORMATION

I hereby give my consent to release personal identifiable information regarding my enrollment in post-secondary institutions as matched to the Texas Higher Education Coordinating Board master enrollment records for the sole purpose of statistical analysis and adult education program improvement. Information will be released and exchanged between the Texas Education Agency and the Texas Higher Education Coordinating Board. Participants who are 16 and 17 year of age must have written permission to participate in the program.

☐ Check this box to AUTHORIZE CONSENT

☐ Check this box as parent or guardian AUTHORIZING CONSENT

☐ Check this box NOT AUTHORIZING CONSENT

☐ Check this box as parent or guardian NOT AUTHORIZING CONSENT

STUDENT SIGNATURE

DATE

PARENT'/GUARDIAN SIGNATURE

DATE

EMPLOYMENT PARTICIPANT RELEASE OF INFORMATION

I hereby give my consent to the Texas Workforce Commission to release personal identifiable information regarding my employment status or history to the Texas Higher Education Coordinating Board and/or the Texas Education Agency, for the sole purpose of statistical analysis, administration or evaluation for the improvement of state adult education programs. Participants who are 16 and 17 year of age must have written permission to participate in the program.

☐ Check this box to AUTHORIZE CONSENT

☐ Check this box as parent or guardian AUTHORIZING CONSENT

☐ Check this box NOT AUTHORIZING CONSENT

☐ Check this box as parent or guardian NOT AUTHORIZING CONSENT

STUDENT SIGNATURE

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PARENT'/GUARDIAN SIGNATURE

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