**Adult Learner Registration Application**

Reason for enrollment:

 ❑HSE

 ❑Career training

 ***~ please print clearly ~***

**Application Date:** \_\_\_\_/\_\_\_\_/\_\_\_\_ Social **Security Number:** \_\_\_\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

**Name:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*(last)*

*(first)*

*(middle initial)*

**Date of Birth:** \_\_\_\_/\_\_\_\_/\_\_\_\_ **Age:** \_\_\_\_\_\_\_ **Sex:** Male Female

**Address:** Street Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_ Zip code\_\_\_\_\_\_\_\_\_\_\_\_

County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Phone:** Home :(\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell: (\_\_\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone (\_\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Ethnicity:** *(you must choose one)* Hispanic Other

**Race:** *(check all that apply)* African American American Indian Asian Pacific Islander White

**Citizenship:**

Were you *(or are you now)* a citizen of another country? Yes No **If yes**, what country? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you a U.S. citizen now? Yes No

I have a work permit Yes No When did you come to the US? mm\_\_\_\_\_\_/yy\_\_\_\_\_\_

**Employment Status:** *(check only one)*

Employed Employer name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employment date: mm\_\_\_\_\_\_/yy\_\_\_\_\_\_

Unemployed **If so,** are you interested in obtaining employment this school year? Yes No

Not in the labor force *(I am retired, a homemaker, disabled, or unable to be employed)*

**Dependents:** Do you have any dependents or are you a dependent? Yes No

**If yes,** what is your Annual Family Income *(estimate)$*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_# of family members in household\_\_\_\_\_\_\_\_\_\_\_\_

 **Educational Status:** *NOTE: Currently enrolled students in high school (or under expulsion) may not enroll in ABE/ESL classes. Inquire about ASC classes.*

What was the name of the last school (K-12) you attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

What did you receive? High School Diploma None, I completed grade\_\_\_\_\_\_ GED/HSE diploma\_\_\_\_\_\_\_\_\_\_

*(year earned)*

**Previous Schooling:** U.S. based Non-U.S. based

 Some college/postsecondary  College or professional degree

Have you ever taken Adult Education classes? Yes No If **yes**, where? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Demographics:** *(Check all of the following that apply)*

Impairments *(physical, mental, or documented learning disability)* Previous or current IEP  Single parent *(you)*

Live in urban area *(city)* Low income Receive public assistance Dislocated worker

Lives in rural area *(outside city* Veteran Displaced homemaker Active military (you or spouse)

Foster Care Youth Ex-offender Homeless / Runaway Non-English spoken at home

❑HIP Plus member

**Release of Information Form**

I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am enrolled in an adult basic education (ABE) program. This ABE program works with the following programs and agencies to help students improve their skills and earn better jobs:

* Other state-funded adult education programs
* WorkOne offices and job training programs
* Public and private colleges
* State executive offices, departments, and agencies including the Indiana Department of Workforce Development (DWD), Division of Adult Education and the Indiana Department of Education
* The community center affiliated with your classroom (including MLK Center, Boner Center, Hawthorne, Mary Rigg, Glick Community Center, local libraries)

By signing this form, I understand and agree to the following:

* DWD use of directory information (name, address, birth, and social security number) to match test score records, wage information, and college/training program enrollment records that assist the state to evaluate and improve its programs and to report results to the federal and state government
* The sharing of information between the agencies and programs listed above. This information may include my name, enrollment information, education/career goals, test scores, and employment history. The information will be kept strictly confidential and will be used for program administration, research, and evaluation purposes.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Student / Parent or Guardian\* Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Staff / Witness to the Student’s Signature Date

***\*Students under the age of 18 must have this consent form signed by the student’s parent or guardian.***

I give WTAE permission to share photo images and student approved testimonials on WTAAE social media platforms, website, and partnering state agencies.

 Initial here\_\_\_\_\_\_\_\_\_\_