

School Year _____/_____

Revised 7/1/17

Site: _____

Adult Education and Literacy Enrollment Form

Instructor: _____

Name: Last Name, First Name (print)		<input type="radio"/> Social Security <input type="radio"/> Passport _____ <input type="radio"/> Other _____		Date of Birth: mm/dd/yyyy _____	<input type="radio"/> M <input type="radio"/> F		
Street Address:		City, State, Zip:		Home Phone:		Work Phone:	
				Cell Phone:		Email:	
Race (check all that apply)							
<input type="radio"/> Native Hawaiian/Pac. Islander: Having origins in any original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.		<input type="radio"/> American Indian or Alaska Native Having origins in any of the original peoples of North and South America including Central America.		<input type="radio"/> Asian: Having origins in any original peoples of the Far East, Southeast Asia, or the Indian subcontinent; for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, Philippines, Thailand, and Vietnam.		<input type="radio"/> Black/African American: Having origins in any black racial groups of Africa.	<input type="radio"/> White: Having origins in any peoples of Europe, Middle East, or North Africa.
Ethnicity			Individual with a Disability			Category of Disability (Check all that apply)	
<input type="radio"/> Not Hispanic	<input type="radio"/> Hispanic/Latino: Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.		___No ___Yes ___Did not disclose	___No disability ___Hearing ___Vision ___Mental ___Mobility ___Cognitive/intellectual/developmental ___Did not disclose ___Impairment Primarily Physical ___Has a learning Disability			Learning Disabled Adult? ___Yes ___No ___Did not disclose
Veteran Status							
Are you a Veteran? ___Yes ___No		Eligible Veteran? ___Yes: Served <= 180 days & not dishonorable discharge ___Yes: Other Eligible Person ___No		Disabled Veteran? ___Yes ___No 2. ___Yes; Special Disabled: Served active duty and entitled to compensation by DVA		Date of actual military separation: yyyymmdd	
Employment and Education Information							
___Employed ___Number of hours worked per week ___Employed: received notice of termination or military separation ___Not in labor force (not looking for work) ___Why not looking: ___Fulltime caregiver; ___Disabled; ___Incarcerated; ___Ineligible to work; ___Dependent; ___Institutionalized; ___Other ___Not employed				Long-term Unemployed? ___No ___Yes: Unemployed >=27 consecutive weeks		Type of Community: ___Urban ___Rural	Highest grade of school completed? _____ Inside US? ___Yes ___No Diploma _____ Degree _____

Employment and Education Information (Continued)

<p>School Status at Program Entry:</p> <p><input type="checkbox"/> In school – Post-Secondary</p> <p><input type="checkbox"/> Not attending school or secondary dropout</p> <p><input type="checkbox"/> Not attending school: secondary school graduate or has a recognized equivalent</p> <p><input type="checkbox"/> Not attending school: within age of compulsory school attendance</p>	<p>Highest Education Level Completed:</p> <p><input type="checkbox"/> Attained secondary school diploma</p> <p><input type="checkbox"/> Attained secondary school equivalency</p> <p><input type="checkbox"/> Participant with a disability received a certificate of attendance/completion as a result of successfully completing an Individual Education Program (IEP)</p> <p><input type="checkbox"/> Completed 1 or more years of post-secondary education</p> <p><input type="checkbox"/> Attained a post-secondary technical or vocational certificate (non-degree)</p> <p><input type="checkbox"/> Attained an Associate’s Degree</p> <p><input type="checkbox"/> Attained a bachelor’s Degree</p> <p><input type="checkbox"/> Attained a degree beyond a Bachelor’s Degree</p> <p><input type="checkbox"/> No educational level completed</p>
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Migrant and Seasonal Farmworker Status

Seasonal Farmworker: low income; last 12 months been employed in agriculture/fishing labor that is chronically unemployed or underemployed OR a dependent of someone who is

Migrant & Seasonal Farmworker: seasonal farmworker whose agricultural labor requires travel to a job site that does not allow farmworker to return to permanent residence at night AND a dependent of someone described earlier

A dependent of a seasonal, or migrant and seasonal farmworker

No

Public Assistance Information

<p>On Public Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose</p>	<p>Expanded Eligibility for TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose</p>	<p>Exhausting TANF within 2 years? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose</p>
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Additional Youth Characteristics **Additional Reportable Characteristics**

<p>Foster Care Youth? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Homeless Status: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Low Income? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>English Language Learner? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Cultural Barriers? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Immigrant? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose</p>
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Additional Reportable Characteristics (continued) **One-Stop Program Participation**

<p>Displaced Homemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Single Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Dislocated Worker? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p>Participant Received Services under Title 1, Chapter 4, Subtitle C of WIOA (Job Corps)</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Unknown</p>
<p>Child(ren) ages: <input type="checkbox"/> 0-5 <input type="checkbox"/> 6-10 <input type="checkbox"/> 11-13 <input type="checkbox"/> 14-18</p> <p><input type="checkbox"/> None <input type="checkbox"/> Did not disclose</p>		<p>Ex-Offender Status at Program Entry: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Did not disclose</p>	

Name: _____

Correctional and Institutional Funded Program		Special Program Type		Referral Type		
In correctional facility? __Yes __No	In community corrections? __Yes __No	Family Literacy Participant? __Yes __No	Participant in Job and Training program? __Yes __No	One-Stop Center? __Yes __No __Did not disclose	TANF Referral? __Yes __No __Did not disclose	Referral from College? __Yes __No
On parole? __Yes __No On probation? __Yes __No	Other institutionalized setting? __Yes __No	In workplace literacy program(s)? __Yes __No				

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 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 application laws, TWC 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 Workforce Commission (TWC) 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 16-18 years 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.

__Authorize consent __Do not authorize consent

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Post-Secondary Enrollment Participant Release 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 Workforce Commission and the Texas Higher Education Coordinating Board. Participants who are 16-18 years of age must have written permission to participate in the program.

__Authorize consent __Do not authorize consent

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Employment Participant Release of Education: 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 Workforce Commission, for the sole purpose of statistical analysis, administration or evaluation for the improvement of state adult education programs. Participants who are 16-18 years of age must have written permission to participate in the program.

__Authorize consent __Do not authorize consent

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____

Photo and Video Release: I hereby give my consent to have my picture or my video released by Howard College and the Adult Education Program for the sole purpose of advertising the adult educational programs offered by said institution. Participants who are 16-18 years of age must have written permission to participate.

__Authorize consent __Do not authorize consent

Student Signature: _____

Date: _____

Parent/Guardian Signature: _____

Date: _____