

2019-20 Alabama Adult Education Enrollment Form

Program: _____ Student ID: _____

First Name
Full name—no nicknames

Middle Name

Last Name

Date of Birth _____ *Age* _____

Address

City

State

County

Zip

Gender Male Female

Data Exchange Permission

Home Phone:

Work Phone:

Cell Phone:

Emergency Phone:

Email Address:

Social Security Number:

Language English Non-English

Ethnicity Black or African American
 American Indian or Alaskan Native
 Native Hawaiian or other Pacific Islander
 White/Caucasian
 Hispanic or Latino
 Asian
 Two or more races

Primary Designation: ABE/ASE ESL ARC

Secondary Designation: Work Keys

I learned about the AE class from:

<input type="checkbox"/> Print Media	<input type="checkbox"/> Employer
<input type="checkbox"/> Website	<input type="checkbox"/> Classmate
<input type="checkbox"/> Social Media	<input type="checkbox"/> Counselor/Social Worker
<input type="checkbox"/> Radio Ad	<input type="checkbox"/> Career Center
<input type="checkbox"/> Television Ad	<input type="checkbox"/> Postsecondary Institution
<input type="checkbox"/> Friend, Neighbor, or Family Member	<input type="checkbox"/> Returning Student

Date Registered: _____ *Hrs. Attended* _____

Class Name: _____ *Class Type* _____

Citizenship US Citizen Lawfully Admitted Alien
 No Response

Highest level of schooling or degree attained:

- No Schooling
- 1st-5th Grade
- 6th-8th Grade
- 9th-12th Grade (No Diploma)
- Sec. Sch. Diploma or Alternate Credential
- Sec. Sch. Equivalent
- Some Post Ed. (No Degree)
- Postsecondary/Prof. Degree
- Unknown

US Based Schooling Non-US Based Schooling

Employment Yes, Full Time
 Yes, Part Time
 Employed, but Notice of Termination
 Military Separation Pending
 No, Currently Unemployed
 Not in Labor Market

Select All That Apply

- ABAWD (Able Bodied Adult without Dependents)
- Active Duty Military Spouse
- Adult with Aging Dependents
- Caregiver
- Coal mining or Supporting Industry
- Cultural Barriers
- Displaced Homemaker
- English Language Learner
- Ex-offender
- Exhausting TANF (w/in 2 yrs.)
- Homeless/Runaway Youth
- Individual with Disabilities
- Long-term Unemployed
- Low Income
- Migrant/Seasonal Worker
- Preparing for Non-Traditional Field
- Single Parent
- SNAP Recipient
- TANF Recipient
- Underemployed
- Veteran
- Youth in Foster Care
- Youth with Parents in Active Duty Military

Student Name: _____

Student ID: _____

Follow-Up Outcome Procedures

Applicants may be contacted regarding program performance, outcomes, and credentials.

Data Exchange Permission

Applicant hereby provides permission for his/her data to be exchanged with other education and workforce agencies for the purpose of verifying outcomes, performance, and credentials related to postsecondary education/training and employment or other services that are provided by Adult Education.

If I am a recipient of SNAP (formerly known as the Food Stamp program), I am aware that participation in the A-RESET program is voluntary and will not affect my SNAP benefits, but full participation may increase my chances of finding employment or getting a better job.

Applicant's Signature

Date

Student Name: _____

Student ID: _____

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Program: _____

Learner request for Support Needs

Please check all that apply.

Learning Needs

<i>Audio Materials</i>	<input type="checkbox"/>
<i>Large Print Materials</i>	<input type="checkbox"/>
<i>Computer Assisted</i>	<input type="checkbox"/>
<i>Scribe</i>	<input type="checkbox"/>
<i>Braille Materials</i>	<input type="checkbox"/>
<i>Interpreter</i>	<input type="checkbox"/>

<i>Frequent Breaks</i>	<input type="checkbox"/>
<i>Calculator</i>	<input type="checkbox"/>
<i>Extended Time</i>	<input type="checkbox"/>
<i>Private Room</i>	<input type="checkbox"/>
<i>Hearing Aid</i>	<input type="checkbox"/>
<i>Spectacles</i>	<input type="checkbox"/>

Support Needs

<i>Child Care</i>	<input type="checkbox"/>
<i>Health Services</i>	<input type="checkbox"/>

<i>Transportation</i>	<input type="checkbox"/>
<i>Job Placement</i>	<input type="checkbox"/>

I verify that this information is self-reported.

Applicant's Signature

Date

Please print, sign & date (2 places), and scan form to:
cbyrd@rstc.edu

or physical mail to address:
Reid State Technical College
ATTN: Adult Education Director - Caroll Byrd P.O.
BOX 588
Evergreen, AL. 36401