



LEARNER ENROLLMENT FORM

Date of Application: _____
Month Day Year

Program: HSE
Teacher: _____
Term: _____
Site: ALC at Gateway

Directions: Please complete all fields below.

SSN: _____ Student Testing # _____

First: _____ Last: _____ MI: _____

Address: _____

City: _____ State: _____ ZIP: _____

Cell #: _____ Emergency #: _____
Area Code Phone Number Area Code Phone Number

Email: _____

Date of Birth: _____ Gender _____ Maiden Name: _____
Month Day Year

Native Country: _____ Are you a U.S. Citizen? Yes No
(leave blank if born in USA)

Educational Status

- I am an English language learner
- (check ONLY 1 below)**
- No educational level completed
- Grades 1-5
- Grades 6-8
- Grades 9-12 (no diploma)
- Certificate (Disability/IEP)
- High school diploma/alternate credential
- HSE/GED
- Some post-secondary work/no degree
- Post-secondary certification/license (non-degree)
- Attained associate's degree
- Attained bachelor's degree
- College degree beyond a bachelor's degree

Last grade completed: _____
(Grades 1-12)

Name of last school: _____

Location of school: _____
(Country; leave blank if USA)

Answering these questions may qualify you for financial and/or other services and support:

- Are you a dependent? Yes No
- Do you have dependents? Yes No

If you answered yes to either of these questions, please list:

Annual household income \$ _____
Number of people in household # _____

Current Enrollment Type

- Adult Basic Education
- Community Corrections
- Work-Based Project
- Workplace Literacy (WEI)

Race (choose one or more):

- African American
- American Indian/Alaska Native
- Pacific Islander/Native Hawaiian
- Asian
- White

Ethnicity (choose only one):

- Hispanic
- Does not apply

Check Yes or No for each question:

I have impairments (<i>physical, mental, learning</i>)	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I live in an urban (<i>city</i>) area	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I live in a rural (<i>outside the city</i>) area	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I receive public assistance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am low income	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am a displaced homemaker	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am a single parent	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am a dislocated worker	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am currently in foster care	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am homeless/runaway	Yes <input type="checkbox"/>	No <input type="checkbox"/>
We speak a language other than English		
at home	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am a migrant/seasonal farm worker	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am an active military member	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I receive Voc rehab services	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I am an ex-offender	Yes <input type="checkbox"/>	No <input type="checkbox"/>
I have cultural barriers to employment	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Employment Status (check only one):

- Seeking employment
- Unemployed more than 26 consecutive weeks
- Not in the labor force (retired, SSI, etc.)
- Employed, but received Notice of Termination
- Employed at the following company:

Company: _____

Job Title: _____

Start Day: _____
Month, Day, Year

Resident of Institution: (check only one)

- Community Correctional Facilities
- Correctional Facilities
- Does not apply

PHOTOGRAPHY WAIVER

I, _____, hereby authorize Warsaw Adult Education (WAE) or its representatives to take, use, or publish photographs with/without restrictions, if any, as noted here:

I release WAE, its governing body, appointees, officers, agents, employees from all responsibility in connection with the foregoing release of photographs and any subsequent publicity.

I confirm that I have read and fully understood the above and all spaces were completed prior to signing.

Student Date

Parent/Guardian Signature (if under 18) Date

Witness Date

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

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

