

Texas Adult Education and Literacy Student Enrollment Form

Temple College 2020-2021



LAST NAME	FIRST NAME	MIDDLE INITIAL

RETURNING STUDENT	SOCIAL SECURITY NUMBER	OR	TX Driver License or TX ID #	GENDER
<input type="checkbox"/> Yes				<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Choose not to disclose

* STAFF ONLY - SSN # VERIFIED BY/ DATE	If no Social Security Number or TX DL is provided, please indicate why <input type="checkbox"/> Do not wish to disclose <input type="checkbox"/> Never been issued an SSN, but is eligible to receive one <input type="checkbox"/> Do not have a Texas driver license or identification number	<input type="checkbox"/> Do not remember SSN <input type="checkbox"/> Is not eligible for a SSN
* STAFF ONLY - TX DL or ID VERIFIED BY/ DATE		

ETHNICITY >> Must Select ONE

Hispanic/Latino
 Not Hispanic

Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race

RACE >> MUST CHECK AT LEAST ONE RACE

<input type="checkbox"/> American Indian or Alaskan Native Indicates that he/she is a member of an Indian tribe, band, nation, or other organized group or community. Including any Alaska Native Village.	<input type="checkbox"/> Asian Person having origins in any of the original peoples of Far East, SE Asia, Indian Subcontinent.	<input type="checkbox"/> Black/African American American person having origins in any of the black racial groups of Africa.	<input type="checkbox"/> Native Hawaiian or Pacific Island Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	<input type="checkbox"/> White Person having origins in any of the original peoples of Europe, Middle East or North Africa.
---	---	--	--	--

IDENTIFYING INFORMATION

STUDENT STREET ADDRESS	CITY, STATE, ZIP CODE
CELL PHONE	HOME PHONE
	EMAIL ADDRESS

DATE OF BIRTH

		/			/				
M	M		D	D		Y	Y	Y	Y

AGE

--

Emergency Contact

Contact Name and Phone Number

--

Employment Information

Employed: Yes No
 Hours Employed per week _____
 Unemployed 27+ consecutive weeks Yes
 Employed but received notice of termination Yes
 Not employed, but looking for work Yes

Reason for not looking for work

Full-time caregiver/parent
 Disabled
 Ineligible to work
 Dependent
 Incarcerated
 Institutionalized
 Other _____

PARTICIPANT GOALS

Primary <input type="checkbox"/> Obtain HS Diploma <input type="checkbox"/> Obtain a Job	<input type="checkbox"/> Obtain HS Equivalency <input type="checkbox"/> Retain Job/Advance in Job	<input type="checkbox"/> Enrolled in College/Other
Secondary <input type="checkbox"/> Leave Public Assistance <input type="checkbox"/> Involvement in Child's Education <input type="checkbox"/> Involvement in Community Activities <input type="checkbox"/> Improve Basic Skills <input type="checkbox"/> Obtain US Citizenship <input type="checkbox"/> Obtain/Improve: Parenting	<input type="checkbox"/> Obtain/Improve: Occupational Skills <input type="checkbox"/> Obtain/Improve: Community Resources <input type="checkbox"/> Register to Vote/First time Vote <input type="checkbox"/> Involvement in Child Literacy <input type="checkbox"/> Make progress in English <input type="checkbox"/> Obtain/Improve: Consumer Economics	<input type="checkbox"/> General Involvement <input type="checkbox"/> Obtain/Improve: HealthCare <input type="checkbox"/> Obtain/Improve: Govt and Law <input type="checkbox"/> Other _____

Disability		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to disclose If, yes please choose at least one below:		
<input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental <input type="checkbox"/> Learning Disability <input type="checkbox"/> Vision <input type="checkbox"/> Cognitive/Intellectual <input type="checkbox"/> Hearing <input type="checkbox"/> Choose not to disclose		
Veteran Status		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Eligible Veteran Status		
<input type="checkbox"/> Yes <= 180 days <input type="checkbox"/> No <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person		
Disabled Veteran		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, special disabled		
Date of Actual Military Separation		
MM	DD	YYYY
Language		
Is English your first language?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		
Type of Community		
<input type="checkbox"/> Rural <input type="checkbox"/> Urban		

Education Information	
Highest Grade Completed	

<input type="checkbox"/> Complete Inside U.S. <input type="checkbox"/> Completed Outside U.S.	
<input type="checkbox"/> Attained High School Diploma <input type="checkbox"/> Attained GED or Equivalent <input type="checkbox"/> Some College/Vocational _____ # of Yrs. <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Degree Beyond Bachelor's <input type="checkbox"/> No Educational Level Completed Degree:	

Migrant and Seasonal Farmworker Status	
<input type="checkbox"/> Seasonal Farmworker <input type="checkbox"/> Migrant and Seasonal Farmworker <input type="checkbox"/> Dependent of Farmworker	
On Public Assistance	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to disclose	
Expanded Eligibility for TANF	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Choose not to disclose	

Additional Characteristics	
Check all that apply:	
<input type="checkbox"/> Homeless/Runaway <input type="checkbox"/> Low Income <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Immigrant <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single parent <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Parent of ages 0-5 <input type="checkbox"/> Parent of ages 6-10 <input type="checkbox"/> Parent of ages 11-13 <input type="checkbox"/> Parent of ages 14-18 <input type="checkbox"/> Job Corps <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Community Corrections <input type="checkbox"/> Other Institutionalized <input type="checkbox"/> On Parole <input type="checkbox"/> On Probation <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Family Lit. Participant <input type="checkbox"/> Workplace Lit. Participant <input type="checkbox"/> Participant in Job Training	
Referral	
<input type="checkbox"/> One-Stop Center Referral <input type="checkbox"/> TANF Referral <input type="checkbox"/> College Referral	

PARTICIPANT RELEASE OF INFORMATION AND PERMISSION TO PARTICIPATE IN THE PROGRAM

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 on my application, withdrawal of acceptance, and cancellation of enrollment. Participants who are 16 years of age must have a court order. By signing this form, parents of 17 and 18 year old students give 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.

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 (THECB) master enrollment records for the sole purpose of statistical analysis and adult education program improvement. Information will be released and exchanged between Texas Education Agency (TEA) and THECB. Participants who are 16, 17 and 18 years of age must have parent or guardian permission to participate in the program.

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 THECB and/or TEA for the sole purpose of statistical analysis, administration or evaluation for the improvement of state adult education programs.

PHOTO AND VIDEO RELEASE

I hereby give my consent to have my picture or my video released by Temple College and the Adult Education Program for the sole purpose of advertising the adult education programs offered by said institution. Participants who are 16, 17, and 18 year of age must have written permission to participate in the program.

I hereby give my consent to the Texas Workforce Commission to release personal identifiable information regarding my employment status or history to the THECB and/or TEA for the sole purpose of statistical analysis, administration or evaluation for the improvement of state adult education programs.

By signing below I AUTHORIZE CONSENT to the above mentioned statements.

STUDENT SIGNATURE

DATE

PARENT/GUARDIAN SIGNATURE

DATE

Instructor's Name: _____



Program Consent 2020-2021

Fees and payment; Responsibility for usage charges

By using the Remind Services, you may receive e-mail or text messages on your phone or mobile device, which may cause you to incur usage charges or other fees or costs in accordance with your wireless or data service plan. Any and all such charges, fees, or costs are your sole responsibility. You should consult with your wireless carrier to determine what rates, charges, fees, or costs may apply to your use of the Services.

Student's Printed Name

Student's Signature

Cell Phone Number

Email Address

Date

Technology Survey link: <https://www.surveymonkey.com/r/93LC3XZ>