

Important Info for Completing the Enrollment PDF

Student Enrollment Form

- You will need a valid form of identification. This can be a passport, birth certificate, Social Security card, Driver's License, State ID. If you leave that area blank, we will reach out to you and follow up on what you can bring.
- Make sure you give us a **CURRENT** address, phone number and email address.
- Make sure you enter this information **CORRECTLY**.
- Read and Click on any of the boxes that apply to you.
- You will need a parent signature if you are 16-18 years old.
- You may be able to sign the pdf form depending on what program you have on your device. However, if you can not sign it, please wait until you have completed the entire PDF file. There will be instructions at the end of this paper to help you sign the PDF.

Remind Program Consent Form

- This page is needed for the consent of calling, emailing or messaging you through the Remind application.
- Make sure your name, phone number, and email address are **CORRECT**

Class Preference

- Fill in preferred box, you can check both boxes if both apply to you.

ITEC Plan

- Fill in your career goals, long and short term.
- Fill in your educational goals, long and short term.
- Leave page 7 blank. This is a review of your goals that will occur at a later date.

*** Follow these steps to sign the papers in this file. All signatures NEED to be completed***

1. Only do this if you could not sign the forms through the pdf file itself.
2. Do this AFTER you have completed the entire PDF file and SAVED it to your documents. Save it as Enrollment- (your name).
3. Go to <https://www.digisigner.com/free-electronic-signature/>
4. Click on the blue square that says "SIGN PDF NOW"
5. Locate your PDF file on your documents.
6. Once the file loads, located the signature spots on the PDF file and left click it. You can then type your name and pick 1 of 6 signatures or click draw and you will be allowed to sign with your mouse.
7. Do NOT change the ink color!
8. Move and edit the signature so that it is on the signature line.
9. Once you are done with the signatures on this page, go to the top and click Done.
10. Click Download Document and Save it as Enrollment- (First and Last Name) and send the completed file to us at aenrollment@templejc.edu

Texas Adult Education and Literacy Student Enrollment Form

Temple College 2020-2021



LAST NAME FIRST NAME MIDDLE INITIAL

RETURNING STUDENT Yes

SOCIAL SECURITY NUMBER OR TX Driver License or TX ID #

GENDER Male Female Participant did not self-identify

* STAFF ONLY - SSN # VERIFIED BY/ DATE

* STAFF ONLY - TX DL or ID VERIFIED BY/ DATE

If no Social Security Number or TX DL is provided, please indicate why

Do not wish to disclose Do not remember SSN

Never been issued an SSN, but is eligible to receive one Is not eligible for a SSN

Do not have a Texas driver license or identification number

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**

American Indian or Alaskan Native Asian Black/African American Native Hawaiian or Pacific Island White

Indicates that he/she is a member of an Indian tribe, band, nation, or other organized group or community. Including any Alaska Native Village.

Person having origins in any of the original peoples of Far East, SE Asia, Indian Subcontinent.

American person having origins in any of the black racial groups of Africa.

Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

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 AGE Emergency Contact

Contact Name and Phone Number

Employment Information Reason for not looking for work

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

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

PARTICIPANT GOALS

Primary Obtain HS Diploma Obtain HS Equivalency Enrolled in College/Other

Obtain a Job Retain Job/Advance in Job

Secondary Leave Public Assistance Obtain/Improve: Occupational Skills General Involvement

Involvement in Child's Education Obtain/Improve: Community Resources Obtain/Improve: HealthCare

Involvement in Community Activities Register to Vote/First time Vote Obtain/Improve: Govt and Law

Improve Basic Skills Involvement in Child Literacy Other _____

Obtain US Citizenship Make progress in English _____

Obtain/Improve: Parenting Obtain/Improve: Consumer Economics _____

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 Adult <input type="checkbox"/> Migrant Farmworker Adult <input type="checkbox"/> Migrant Seasonal Farmworker Youth <input type="checkbox"/> Dependent of Farmworker Adult <input type="checkbox"/> Dependent of Farmworker Youth <input type="checkbox"/> Not Applicable	
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	

One-Stop Program Participation	
<input type="checkbox"/> WIOA Adult <input type="checkbox"/> WIOA Dislocated Worker <input type="checkbox"/> WIOA Youth	<input type="checkbox"/> Yes, Local Formula <input type="checkbox"/> Yes, Statewide <input type="checkbox"/> Yes, Both Local Formula and Statewide <input type="checkbox"/> Reportable Individual <input type="checkbox"/> None of the above/ Does not apply
<input type="checkbox"/> Vocational Rehabilitation	<input type="checkbox"/> Yes <input type="checkbox"/> Vocational Rehabilitation & Employment <input type="checkbox"/> Both Vocational Rehabilitation and VR&E <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Job Corps <input type="checkbox"/> Wagner-Peyser Employment Service	<input type="checkbox"/> Yes <input type="checkbox"/> Reportable Individual <input type="checkbox"/> No <input type="checkbox"/> Unknown
<input type="checkbox"/> Adult Education <input type="checkbox"/> Youthbuild Grant Number	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown # _____

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



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



Class Preference Checklist

ESL & Citizenship Classes

ESL Class - please enroll me in (select time):

Morning classes
9:00 am – 11:00 am

Evening classes
6:30 pm – 8:30 pm

Citizenship Class - please enroll me in:

Evening classes, Monday and Wednesday
6:30 pm - 8:30 pm

Printed Name

Date

Phone Number



My Future Plan

Career Goals

I hope to achieve this goal by (month/year)

Career Goal: Short Term (within the next year)		/
Career Goal: Long Term (within the next 2-5 years)		/
What education and training are required for my chosen career field? <input type="checkbox"/> High School Diploma/Equivalency Vocational/Technical Training <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree Master's Degree <input type="checkbox"/> Doctorate Degree		
I do not have a career goal yet, but I would like to explore the following career fields:		

Education Goals

I hope to achieve this goal by (month/year):

Education Goal: Short-term (within the next year)		/
Education Goal: Long-term (within the next 2-5 years)		/
What do I want to achieve in this adult education program?		
How have I made time in my schedule to attend class and study? Do not forget to include home life management, child care, and transportation.		
What things will make it difficult to achieve my educational goals?		
What do I need from my teacher to help me achieve my education goals?		

Printed Name _____

Assessment Results (enter information if available)

(Examples: Career Assessments, Personality Tests, Learning Style Inventories, CASAS progress test, GED practice test, GED tests, etc.)

Assessment Date	Assessment Name/Type	Score/Results

Goal Review (review progress of goal)

Did you accomplish your goal(s)? _____

Do you need to extend your goal date? _____

Are your original goals still valid? _____

Do you need to make any changes to your original goal? _____

Do you feel you are making progress towards your goal? _____

What can you do to progress in your work towards your goal? _____

What can we do to help you achieve your goal(s)? _____

Student Signature _____

Date _____