



ADULT EDUCATION LEARNER REGISTRATION FORM

Section 1*

Are you a U.S. Citizen

☐

Yes, I have a U.S. Social Security Number or an ITIN/ATIN for non-U.S. Citizens. Move on to question 3

☐

No, I am not a U.S. Citizen. Move on to Section 2

Section 2*

Are you eligible to work in the U.S.

☐

Yes, I have documentation that permits me to work in the U.S. Move on to Section 3

☐

No, I do not have documentation that permits me to work in the U.S. Contact local program for more details

Section 3*

Application Date/Program Year (ex: 2025-2026)

Program/Site:

Personal Information*

First Name:

Last Name:

MI:

Social Security Number

*Your SSN/ITIN/ATIN is not required, however, providing this will allow us to find other resources that are available to you. It also allows us to better track your performance over time. If you are not comfortable entering the entire number, please help us by entering the last 4 digits.)

Date of Birth:



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Contact Information*

Address:

City:

State:

Zip Code:

Phone Number:

May we contact you via text messaging (SMS) with important student messages?

Yes

☐

No

☐

Emergency Contact Name:

Emergency Contact Phone Number:

Primary Language:

Additional Language(s):

Gender:

Male

☐

Female

☐

Prefer not to answer

☐

Race/Ethnicity (Check all that apply):

☐

American Indian:

☐

Hispanic, not African American

☐

Asian or Pacific Islander

☐

Multi-Race

☐

Black/African American

☐

White/European American, not Hispanic

☐

Hawaiian/Other Pacific Islander

Have you served in the U.S. Armed Forces and was discharged/released under conditions that were NOT dishonorable?

Yes

☐

No

☐

Not applicable

☐

Are you currently serving in the U.S. Armed Forces?

Yes

☐

No

☐

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Education and Employment Information*

Which type of classes are you interested in taking (Check both if interested in both classes)

High School Equivalency: ☐ English Language: ☐

Do you have an Individualized Education Plan (IEP)? Yes ☐ No ☐

Are you currently enrolled in school?

- | | |
|--|--|
| <input type="checkbox"/> In school: secondary or less | <input type="checkbox"/> Not attending school |
| <input type="checkbox"/> In school: alternative school | <input type="checkbox"/> Not attending school/post or secondary graduate or obtained recognized equivalent |
| <input type="checkbox"/> In school: postsecondary | <input type="checkbox"/> Not attending school/secondary or middle school dropout |

If currently enrolled in school, what type of enrollment are you in?

- | | |
|---|--|
| <input type="checkbox"/> Adult Basic Education (ABE) | <input type="checkbox"/> Family Literacy (FAM) |
| <input type="checkbox"/> Adult Secondary Education (ASE) | <input type="checkbox"/> Homeless Program (HOME) |
| <input type="checkbox"/> Community Corrections (COMM) | <input type="checkbox"/> Other Institutional Program (OTHER) |
| <input type="checkbox"/> Correctional Facilities (CORR) | <input type="checkbox"/> Workplace Literacy (WORK) |
| <input type="checkbox"/> English as a Second Language (ESL) | <input type="checkbox"/> Work-Based Project (PRO) |

Highest level of education completed:

- | | |
|--|---|
| <input type="checkbox"/> No Formal Education | <input type="checkbox"/> High School Diploma/Alternative Credential |
| <input type="checkbox"/> Grades 1-5 | <input type="checkbox"/> Some postsecondary, no degree |
| <input type="checkbox"/> Grades 6-8 | <input type="checkbox"/> Post-secondary Certificate/Certification/License |
| <input type="checkbox"/> Grades 9-12 (No diploma) | <input type="checkbox"/> College or Professional Degree (Associates) |
| <input type="checkbox"/> Certificate (Disability/IEP) | <input type="checkbox"/> College or Professional Degree (Bachelors) |
| <input type="checkbox"/> High School Equivalency Diploma | <input type="checkbox"/> College or Professional Degree (Post-Bachelors) |
| | <input type="checkbox"/> Unknown |

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Education and Employment Information Continued*

Last Grade Completed:

Have not completed any schooling:

College or other post-secondary:

Last School Attended (if applicable):

Employment Information

☐ Employed full time

☐ Employed but job being terminated

☐ Employed part time

☐ Not in the labor force (retiree, student, caregiver,
persons not seeking employment)

☐ Unemployed but 26 weeks or fewer

☐ Unemployed for more than 26 weeks

Employer Name (if applicable):

Employer Phone Number:

Start Date:

Are you currently working in any apprenticeship roles? Yes ☐ No ☐

Income Information

How many people, including yourself, family and/or other dependents live with you in your home:

What is the approximate yearly combined income for you and your household? (This includes your spouse's income and any other working members of your home:

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Income Information (Continued)

Please check all that apply

- ☐ I have children who attend school. The school name(s) is(are):
- ☐ I am an adult who has a child, elderly or adult dependent(s)
- ☐ I have a physical or mental disability that substantially limits one or more of my major life activities
- ☐ I live in an urban area with easy access to most of the goods and services I need
- ☐ I live in a rural area where access to most of the goods and services I need are a long distance from me.
- ☐ I am currently receive public assistance from a government or other agency (SNAP, Food Stamps, Etc.).
- ☐ I am considered a low-income worker based on the government or other agency benefits I qualify for.
- ☐ I am currently a stay-at-home parent who is no longer supported by my spouse or partner, who is unemployed or underemployed, and looking for work.
- ☐ I am a single parent
- ☐ I am being terminated or laid off from my job, or received a notice of termination from my job, or have a spouse in the active-duty military whose relocation has caused me to lose my job, or self-employed farmer/rancher who can no longer work due to current economic conditions.
- ☐ I am a minor who has been placed in the custody of the state or lives with a state-licensed caregiver.
- ☐ I am currently homeless, or living in a temporary situation with no permanent address.
- ☐ I currently live in a home where English is not spoken, and English is not my first or native language.
- ☐ I am a seasonal farmworker who travels to my job, and who cannot return to my home within the same day.
- ☐ I am currently enrolled in a vocational rehabilitation program(s).

Have you ever been convicted of an offense and have been released from incarceration, or sentenced to a term of probation by a Federal or State Court and completed your sentence (Answering Yes does not affect your ability to receive services from us).

Yes ☐ No ☐

Do you have any communication challenges that arise when working with people of different cultures such as attitudes, beliefs, customs, or practices of other cultures that may affect your ability to work or find work?

Yes ☐ No ☐

How did you hear about us?



ADULT EDUCATION APPLICATION

I, (print name), am enrolling 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 (IDWD), 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.

By typing or signing your name below, you consent that this is your electronic signature and consent to the above information.

Signature of Student/Parent or Guardian*

Date

Signature of Staff/Witness to the Student's Signature

Date

*Students under the age of 18 must have this consent form signed by the student's parent or guardian