

# Learner Registration Form

**Directions:** Please complete all fields below. **Fields with asterisks (\*) indicate data that is required in InTERS.**

\*Application Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*Term (Ex. 2020-2021): \_\_\_\_\_  
Month Day Year

\*Site Program: \_\_\_\_\_

\*SSN: XXX-XX- \_\_\_\_\_ \*Email Address: \_\_\_\_\_

\*Last Name: \_\_\_\_\_ \*First: \_\_\_\_\_ MI: \_\_\_\_\_

\*Address: \_\_\_\_\_

\*City: \_\_\_\_\_ \*State: \_\_\_\_\_ \*Zip: \_\_\_\_\_

\*Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ \*Gender: \_\_\_\_\_ \*Phone: \_\_\_\_\_  
Month Day Year

\*Last Grade Completed: \_\_\_\_\_

**\*School Attend Status at Entry:**

- |   |   |
|---|---|
| <input type="checkbox"/> In school, secondary or less | <input type="checkbox"/> Not attending school or secondary school dropout                               |
| <input type="checkbox"/> In school, alternative       | <input type="checkbox"/> Not attending school; secondary school graduate or has a recognized equivalent |
| <input type="checkbox"/> In school, post-secondary    | <input type="checkbox"/> Not attending school; within age of compulsory school attendance               |

\*Previous School Location:  US-Based  Non-US-Based

\*Annual Family Income: \_\_\_\_\_ \*Household Size: \_\_\_\_\_

**\*Ethnicity (Choose only one):**

- Hispanic (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)
- Other

**\*Race (Choose one or more):**

- American Indian
- Asian
- African American
- Pacific Islander
- White

**\*Native Country:** \_\_\_\_\_  
(Leave blank if USA)

**\*U.S. Citizen:**       Yes       No

**\*Employment Status:**

- Employed
- Seeking Employment
- Not in the Labor Force

Employer: \_\_\_\_\_

Employer Phone: \_\_\_\_\_

**\*Educational Status:**

- No Schooling
- Grades 1-5
- Grades 6-8
- Grades 9-12 (no diploma)
- High School Diploma/Alternate Credential
- HSE
- Some college, no degree
- College or professional degree
- Unknown

**\*Check all that Apply:**

- Impairments (physical, mental, or learning)
- Lives in urban area (city)
- Lives in rural area (outside city)
- Receives Public Assistance
- Low Income
- Displaced Homemaker
- Single Parent
- Dislocated Worker
- Is Dependent or Has Dependent(s)
- Foster Care Youth
- Homeless/Runaway
- Non-English used at home

Migrant/Seasonal Farm Worker:  
 No       Migrant & Seasonal  
 Migrant       Dependent

Active Military:  
 No       Yes       Spouse

Vocational Rehabilitation:  
 No       Yes       VR&E  
 Both VE and VR&E       Unknown

Wagner-Peyser Employment:  
 No       Yes       Unknown

Ex-Offender:  
 No       Yes       Unknown

Cultural Barriers to Employment:  
 No       Yes       Unknown

**\*Current Enrollment Type:**

- Adult Basic Education
- Adult Secondary Education
- Community Corrections
- Correctional Facilities
- English as a Second Language
- Family Literacy
- Homeless Program
- Other Institutional Program
- Work-Based Project
- Workplace Literacy

# 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 (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.

\_\_\_\_\_  
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.***