

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.

By typing your name 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.