

2019-2020 ADULT STUDENT PROFILE DOCUMENT

DEMOGRAPHIC INFORMATION *(Please print clearly. All Items with an asterisk (*) are required.)*

*REGISTRATION DATE _____ (MM/DD/YYYY) SOCIAL SECURITY NUMBER _____

*LAST NAME _____

*FIRST NAME _____

MIDDLE NAME/INITIAL _____

*MAILING ADDRESS _____

*CITY _____ *STATE _____ *ZIP _____

BEST PHONE NUMBER TO REACH YOU? _____

Is this a cell phone number? Yes No If yes, may we text you? Yes No

E-MAIL ADDRESS _____

COUNTRY OF ORIGIN: U.S. Other _____

PERSON TO CONTACT IN CASE OF AN EMERGENCY:

NAME _____ TELEPHONE _____

*EDUCATION *(Check One)* U.S.-BASED SCHOOLING NON U.S.-BASED SCHOOLING

*HIGHEST LEVEL OF SCHOOL COMPLETED OR DEGREE ATTAINED *(Check one)*

- | | |
|--|--|
| <input type="checkbox"/> No schooling | <input type="checkbox"/> High school equivalency: |
| <input type="checkbox"/> Grades 1-5 (Last grade completed _____) | <input type="checkbox"/> GED® <input type="checkbox"/> HiSET® <input type="checkbox"/> TASC® |
| <input type="checkbox"/> Grades 6-8 (Last grade completed _____) | <input type="checkbox"/> Some college (no degree) |
| <input type="checkbox"/> Grades 9-12 (Last grade completed _____) (no diploma) | <input type="checkbox"/> College or professional degree |
| <input type="checkbox"/> H.S. diploma or alternate credential | <input type="checkbox"/> Unknown |

HOW DID YOU HEAR ABOUT THIS ADULT EDUCATION PROGRAM? *(Check all that apply)*

- | | | |
|--|---|---|
| <input type="checkbox"/> Billboard | <input type="checkbox"/> I am a returning student | <input type="checkbox"/> Radio ad |
| <input type="checkbox"/> Child's school | <input type="checkbox"/> Internet search | <input type="checkbox"/> Social media |
| <input type="checkbox"/> Church | <input type="checkbox"/> Newspaper or magazine ad | <input type="checkbox"/> Television ad |
| <input type="checkbox"/> Community college | <input type="checkbox"/> One-stop center | <input type="checkbox"/> Text message or e-mail |
| <input type="checkbox"/> Family member or friend | <input type="checkbox"/> Printed card or flyer | <input type="checkbox"/> Workforce agency |
| <input type="checkbox"/> Other _____ | | |

ARE YOU CURRENTLY ENROLLED IN ANY OF THE FOLLOWING? *(Check all that apply)*

- Community College Training Program Vocational Rehabilitation Program

RELEASE OF STUDENT INFORMATION

I agree to allow _____ *(name of adult education provider)* to release my directory information to the local community college and/or to workforce agencies at my local One-Stop to determine if I qualify for additional workforce-related assistance, including occupation-specific education and training benefits. The signed release expires at the end of my enrollment in the current program year.

Signature _____

Date _____

LOCAL USE ONLY

*STUDENT PROGRAM TYPE: Adult Basic Education (ABE) Adult Secondary Education (ASE) English Language Acquisition (ELA) IELCE *(Select one)*

PROGRAM PARTICIPATION: Correctional Facility Community Correctional Program Other Institutional Setting IET *(Check all that apply)*
 Family Literacy Workplace Adult Education & Literacy PluggedIn Virginia (PIVA)

*PRIMARY FUNDING TYPE: AEFLA (Title II, Sec. 231) C&I (Title II, Sec. 225) IELCE (Title II, Sec. 243) GAE *(Select one)*

*DATE OF BIRTH _____ (MM/DD/YYYY)

*IF YOU ARE UNDER 18 YEARS OLD, HAVE YOU BEEN RELEASED FROM COMPULSORY ATTENDANCE?

Yes No

(Applicants under 18 years old must be released from compulsory attendance and provide documentation verifying the release.)

*GENDER *(Check one)* Female Male

*ETHNICITY & RACE *(Complete both parts)*

Are you Hispanic? Yes No

(Check all that apply)

- American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

*EMPLOYMENT STATUS *(Check one)*

- Employed
 Employed *(but received notice that employment is ending or separation from the military is pending)*
 Unemployed (looking for a job) – *If checked, have you been unemployed for 27 or more weeks?*
 Yes
 No
 Unemployed (not looking for a job)

*EMPLOYMENT BARRIERS *(Check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> I have a disability | <input type="checkbox"/> I have a learning disability |
| <input type="checkbox"/> I am an ex-offender | <input type="checkbox"/> I am homeless |
| <input type="checkbox"/> I am a single parent | <input type="checkbox"/> I am or I used to be in the foster care system |
| <input type="checkbox"/> I have a low income | <input type="checkbox"/> I am a migrant or seasonal farmworker |
| <input type="checkbox"/> I am a displaced homemaker | <input type="checkbox"/> I am a migrant or seasonal farmworker |
| <input type="checkbox"/> I am TANF-eligible, but I am within two years of using up my lifetime eligibility | |
| <input type="checkbox"/> None of the above apply | |

*VIRGINIA HIGH SCHOOL EQUIVALENCY TESTING *(Answer both questions)*

Have you taken the GED® Test? Yes No

Do you plan to take the GED® Test in the next twelve months? Yes No