



REGISTRATION FORM

	NEW STUDENT
	RETURN STUDENT
	Date:
	Completed by:

What method do you prefer to receive messages?: ☐ Email ☐ Text message

First: _____ Last: _____ Social Security # _____ - _____ - _____

Address _____ Apt # _____ City _____ Zip _____

Cell #: _____ Email _____ @ _____

I Identify as: Male Female Non-Binary ☐ Date of Birth _____ - _____ - _____

Emergency contact:

Name: _____ Phone # _____

Labor Force Status: (Mark Only One)

<input type="checkbox"/>	Employed
<input type="checkbox"/>	Unemployed
<input type="checkbox"/>	Retired
<input type="checkbox"/>	Not Employed AND not looking for work

Ethnicity (mark only one)

<input type="checkbox"/>	Hispanic
<input type="checkbox"/>	Not Hispanic

Racial Group: (Mark One or More)

<input type="checkbox"/>	Alaska Native
<input type="checkbox"/>	American Indian
<input type="checkbox"/>	Asian
<input type="checkbox"/>	Black/African American
<input type="checkbox"/>	Filipino
<input type="checkbox"/>	Hawaiian/Other Pacific Islander
<input type="checkbox"/>	White

Primary Language: (Mark Only One)

<input type="checkbox"/>	English
<input type="checkbox"/>	Spanish
<input type="checkbox"/>	Chinese
<input type="checkbox"/>	Hmong
<input type="checkbox"/>	Farsi
<input type="checkbox"/>	Punjabi
<input type="checkbox"/>	Vietnamese
<input type="checkbox"/>	Arabic
<input type="checkbox"/>	Russian
<input type="checkbox"/>	Cambodian
<input type="checkbox"/>	Japanese
<input type="checkbox"/>	Other: _____

Highest Diploma or Degree Earned: (Mark Only One)

<input type="checkbox"/>	Graduate Degree or Higher
<input type="checkbox"/>	College Graduate BA/BS
<input type="checkbox"/>	Associates Degree
<input type="checkbox"/>	Technical/Certificate
<input type="checkbox"/>	Some College, No Degree
<input type="checkbox"/>	High School Graduate/GED
<input type="checkbox"/>	Not a High School graduate
<input type="checkbox"/>	Decline to State
<input type="checkbox"/>	Other: _____

Did you earn your diploma/degree out-
side of the US? **YES** **NO**

List the number of years of schooling
that you have finished _____

Mark All That Apply

<input type="checkbox"/>	Low Income
<input type="checkbox"/>	Receives financial/public assistance
<input type="checkbox"/>	Receives Food Stamps
<input type="checkbox"/>	Long Term Unemployed (27+ weeks)
<input type="checkbox"/>	Single Parent
<input type="checkbox"/>	Foster Youth
<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Farmworker
<input type="checkbox"/>	Individual with a Disability
<input type="checkbox"/>	Limited English
<input type="checkbox"/>	Cultural barriers
<input type="checkbox"/>	Low levels of literacy
<input type="checkbox"/>	Jail/Corrections
<input type="checkbox"/>	Ex-Offender
<input type="checkbox"/>	CalWORKS Recipient
<input type="checkbox"/>	Veteran

I verify that the information I have provided above is true and correct to the best of my knowledge. I agree to allow my educational information AND social security number, if provided, to be shared with members and partners of Adult Education Consortia and EDD for educational purposes.

Signature: _____ Date: _____

SEE BACK OF FORM—SIGNATURE REQUIRED

OFFICE USE ONLY

TEST RESULTS

TEST DATE _____

ASAP ID # _____

TEST SCORE _____

TEST FORM _____

AERIES ID # _____

VOLUNTARY AUTHORIZATION TO SHARE PERSONALLY IDENTIFIABLE INFORMATION AND RECORDS FORM

PURPOSE OF THIS FORM

The purpose of this form is to facilitate compliance with the Workforce Innovation and Opportunity Act (WIOA) (Public Law No. 113–128) signed by President Obama in 2014, the Family Educational Rights and Privacy Act (FERPA) (20 *United States Code* § 1232g; 34 *Code of Federal Regulations* Part 99) and California *Unemployment Insurance Code* Section 14013. This form: (i) allows the California Department of Education (CDE) to collect your social security number (SSN) so that accurate participation in adult education programs can be represented in reports; and (ii) provides your written consent for the CDE to share your personal information with the Employment Development Department (EDD). EDD is the state agency responsible for maintaining personally identifiable information, and shall keep all information confidential it receives from the CDE for use only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA, Title II: Adult Education and Family Literacy Act (AEFLA).

PLEASE READ THE FOLLOWING CAREFULLY

- I understand that the CDE is requesting my SSN and my written consent to share my personal information with the EDD, who shall keep the information confidential and use it only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA, Title II: AEFLA.
- I understand that I have the right to decline this request and that I am not required to give my permission.
- I understand that whether or not I agree to share my personal information and records, they will continue to be protected in accordance with the FERPA and other applicable state and federal laws.
- I understand that my enrollment and eligibility to participate in the WIOA, Title II: AEFLA programs does not depend on my consent to this request. In fact, if I decline the request to provide and share my personal information, my enrollment and eligibility for services shall not be affected.
- I understand that the EDD shall keep the information confidential and use it only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA.

	<u>Yes</u> , I voluntarily agree to provide my SSN and share my personally identifiable information and records.
	HOW DID YOU HEAR ABOUT OUR PROGRAM?

I acknowledge that I have not signed a similar form for the purposes of receiving adult education services in California using a different first or surname or date of birth, using the SSN provided herein.

Signature

Date