

Student Information Form		<input type="checkbox"/> CPI <input type="checkbox"/> C2C <input type="checkbox"/> GED Prep <input type="checkbox"/> ESL/HPL	
1	<input type="checkbox"/> Returning Student <input type="checkbox"/> New Student	Application Date:	
2	Prefix First Name Middle Last Name Suffix		
3	Home Street Address City Zip		
4	Home Phone: Cell Phone: Email Address:		
5	Name of Employer Work Telephone		
6	Employer Street Address City Zip		
7	Name of Emergency Contact Emergency Telephone		
8	Emergency Street Address City Zip		
9	Birth Date ____ / ____ / ____ Month Day Year	10 Secondary ID Type	
11	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Driver's License <input type="checkbox"/> Inmate No: <input type="checkbox"/> Military ID <input type="checkbox"/> Other ID <input type="checkbox"/> Passport <input type="checkbox"/> SASID	
12	Social Security Number (*optional)	13 Country Born: _____ *Years in the U.S.: _____ *Interested in Citizenship <input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Highest Educational Level/Degree Completed at Entry (check ONLY one) <input type="checkbox"/> 0-no schooling <input type="checkbox"/> 7 <input type="checkbox"/> 1 <input type="checkbox"/> 8 <input type="checkbox"/> 2 <input type="checkbox"/> 9 <input type="checkbox"/> 3 <input type="checkbox"/> 10 <input type="checkbox"/> 4 <input type="checkbox"/> 11 <input type="checkbox"/> 5 <input type="checkbox"/> 12-no diploma <input type="checkbox"/> 6 <input type="checkbox"/> High School diploma or alternate credential <input type="checkbox"/> GED <input type="checkbox"/> Some college or university, no degree <input type="checkbox"/> College/university or Professional degree	15 Ethnicity (must select one) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> NOT Hispanic or Latino Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	
16	Last High School Attended:	Notes:	
17	Where was this highest educational level/degree attained? (check ONLY one) <input type="checkbox"/> In USA <input type="checkbox"/> Not in USA	18 Military Service (check ONLY one) <input type="checkbox"/> Active Duty <input type="checkbox"/> National Guard <input type="checkbox"/> No Military Service <input type="checkbox"/> Reserves <input type="checkbox"/> Veteran	
19	Parent/Guardian of: (check all that apply) <input type="checkbox"/> Child(ren) 5 years and younger <input type="checkbox"/> Child(ren) 6 to 10 years <input type="checkbox"/> Child(ren) 11 to 18 years Public Assistance (optional) <input type="checkbox"/> General Assistance (SAGA) <input type="checkbox"/> Temporary Aid for Needy Families (TANF/TFA) or equivalent public assistance <input type="checkbox"/> None <input type="checkbox"/> *SNAP recipient	20 Employment Status (required, check ONLY one) Employed * Employed <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Employed, but Received Notice of Termination of Employment or Military Separation is pending <input type="checkbox"/> Unemployed – Seeking Employment <input type="checkbox"/> Unemployed – Not Seeking Employment/Retired <input type="checkbox"/> *Enrolled in CTHires Even Start Status (optional) <input type="checkbox"/> Even Start Applicant	

20 Barriers to Employment (check all that apply) <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Disabled <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> English Language Learner <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Youth in Foster Care or aged out <input type="checkbox"/> Homeless <input type="checkbox"/> Long-term Unemployed <input type="checkbox"/> Low-Income individual <input type="checkbox"/> Low Levels of Literacy <input type="checkbox"/> Migrant & Seasonal Farmworker <input type="checkbox"/> Single Parent (inc single pregnant women) <input type="checkbox"/> No TANF in 2 Years or Less	21 Miscellaneous Characteristics (check all that apply) <input type="checkbox"/> Community/Alt. Corrections <input type="checkbox"/> Correctional Facility <input type="checkbox"/> Immigrant <input type="checkbox"/> Institutionalized <input type="checkbox"/> Mother Under 17- C.G.S.10-73d <input type="checkbox"/> Needs Child/Dependent Care <input type="checkbox"/> Needs Transportation Rural/Urban Status (optional) <input type="checkbox"/> Rural <input type="checkbox"/> Urban/High Unemployment
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REASONS FOR ENROLLMENT

22 EDUCATION (check all that apply) <input type="checkbox"/> Improve Basic Skills (ABE/ESL) <input type="checkbox"/> Earn a HS diploma <input type="checkbox"/> Enter College or Post-Secondary Training <input type="checkbox"/> Enter Training below Post-Secondary Level <input type="checkbox"/> Progress Toward HS diploma (GED, CDP, NEDP) EMPLOYMENT (check ONLY one) <input type="checkbox"/> Enter Employment <input type="checkbox"/> Retain Employment COMMUNITY (check all that apply) <input type="checkbox"/> Earn Citizenship <input type="checkbox"/> Use Community Services <input type="checkbox"/> Vote	23 FAMILY (check all that apply) <input type="checkbox"/> Increase Involvement in Children's Education <input type="checkbox"/> Help more frequently with school <input type="checkbox"/> Increase contact with children's teachers <input type="checkbox"/> More involved in children's school activities <input type="checkbox"/> Increase Involvement in Children's Literacy Activity <input type="checkbox"/> Reading to Children <input type="checkbox"/> Visiting Library <input type="checkbox"/> Purchasing books or magazine REQUIRED INSTRUCTION (check all that apply) <input type="checkbox"/> Court Order <input type="checkbox"/> Required for Public Assistance MILITARY <input type="checkbox"/> Enter Military
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24 * COMPUTER LITERACY: Are you comfortable using computers? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have an email account? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you own a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you have Internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No

25 Do you have a Library Card? <input type="checkbox"/> Yes <input type="checkbox"/> No
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26 I understand that student information is confidential and will be used only for program administration, research and evaluation purposes. Applicant Signature Required: _____ Date: _____
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FOR PROGRAM USE ONLY:

Appraisal Testing

Test Type	Test Form #	Raw Score/Scale Score	Test Date
Math			
Reading			

Credits Transferred into the Adult Education Program:

Transfer Credit Institution	Address	Course	Subject	Credit Type	Grade and P/F	Year Credit Earned	# of Credits

Age Documented: <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Disability – Visible <input type="checkbox"/> Disability – Self-Disclosed (only if the applicant self-disclosed a hidden, non-visible disability) <input type="checkbox"/> Disability –Visible & Self-Disclosed <input type="checkbox"/> Neither
Counselor	
Exempt From Appraisal Tests <input type="checkbox"/> Yes <input type="checkbox"/> No	

NEDP Advisor	NEDP Assessor	
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Notes

Course Section Assignment	Funding (State/Local or Federal)	Enrollment Date	Exempt from Assessment Y/N
<input type="checkbox"/> ESL/PEP Workforce			
<input type="checkbox"/> ESL/PEP EL/Civics			
<input type="checkbox"/> ESL/Learning Circle			
<input type="checkbox"/> GED Prep			
<input type="checkbox"/> PCA			
<input type="checkbox"/> Servsafe Mgr <input type="checkbox"/> Food Handler <input type="checkbox"/> Bartender			
<input type="checkbox"/> Self Study			