

STUDENT REGISTRATION FORM

SFY 2012 (2011 - 2012)

Date form is completed: _____

Social Security #: _____ - _____ - _____

GED Security #: _____ - _____ - _____

For office use only: Site: _____

ABLE staff: _____

Primary class: _____

Name: _____
Last
First
M.I.
Maiden or other former name

Address: _____ Apt.#: _____ Telephone: Home: (____) _____ - _____

City: _____ State: _____ Zip: _____ County: _____ Work: (____) _____ - _____

Age: _____ Date of Birth: _____ Place of Birth: _____ Email: _____
Month
Day
Year
City
State
Country

Emergency information: Contact person: _____ Phone: _____ Allergies/medications/conditions we should know about: _____

1. Gender: Male Female

2a. Are you Hispanic/Latino?
 Yes, Hispanic or Latino
 No, not Hispanic or Latino

2b. What is your race?
MARK ALL THAT APPLY.
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

3. Are you a U.S. citizen? Yes No
 If no, do you have an F-1 Visa? Yes No

4. Are you a U.S. veteran? Yes No

5. Are you registered to vote? Yes No

6. Do you need special accommodations for a learning, ADD, ADHD, or physical disability?
 Yes No

7. Do you have:
 a driver's license? Yes No
 a library card? Yes No
 reliable transportation? Yes No
 reliable child care? Yes No N/A

8. Did you pass the Ohio 9th grade proficiency test or Ohio Graduation Test?

- Yes, all of the sections
- Some of the sections. Specify _____
- No _____
- N/A _____

9. Number of children under 18 living in your home: _____

Name under age 8	Age	PreSchool/Childcare

10. Are you a single custodial parent? Yes No

11. Do you receive public assistance? Yes No
 If yes, mark all types that apply:
 TANF
 Food stamps only
 Subsidized housing
 Medicaid #: _____
 Other (Specify: _____)

12. Employment Status: **MARK ONLY ONE.**

- Employed, full-time
- Employed, part-time
- Not employed, but looking for a job
- Not employed, not looking for a job
- Retired

13. What is your primary goal for coming to this program? **MARK ONLY ONE.**

- To improve basic skills
- To improve English language skills (ESOL)
- To obtain a job
- To retain or improve current job
- To earn GED or secondary school diploma
- To enter postsecondary education or training

14. **(Optional)** What is your secondary goal for coming to this program? **MARK ONLY ONE.**

- To improve basic skills
- To improve English language skills (ESOL)
- To obtain a job
- To retain or improve current job
- To earn GED or secondary school diploma
- To enter postsecondary education or training
- To decrease public assistance received
- To obtain citizenship skills
- To register to vote or to vote for the first time
- Other (Specify: _____)

15. Family Literacy goals

- (for students in Family Literacy programs only)
- To increase involvement in children's education *(relates to school activities)*
 - To increase involvement in children's literacy-related activities

A. General
(Required of all students)

16. Education:
Last full grade completed: _____
MARK ALL THAT APPLY.
 High school/GED graduate or equivalent in country of origin
 Attended college/university/trade school
 Graduated from college/university/trade school
 Other (Specify: _____)
 Name and location of last school attended: _____

17. How did you find out about this program?
MARK ALL THAT APPLY.
 Employer
 Family member
 Friend
 I attended before
 Newspaper ad
 GED on TV Estimated _____ hours viewed
 Television/Radio ad
 Brochure/Flyer
 Department of Job and Family Services
 One-Stop System
 Internet
 Other (Specify: _____)

B. Workplace
(Required of Workplace Literacy students)

18. Employer: _____

19. Dept/area: _____ Shift: _____

20. In what field is your current job?
 Business
 Education
 Farming
 Manufacturing/trade
 Retail/sales
 Service
 Other (Specify: _____)

21. Present skills/experience:
 Clerical (data entry, cash register, secretarial, etc.)
 Computer
 Manual (bricklayer, carpenter, heavy equipment operator, etc.)
 Retail (cashier, stocker, sales clerk, etc.)
 Service (health care, child care, etc.)
 Technical (TV, HVAC, auto, etc.)
 Other (Specify: _____)

C. English for Speakers of Other Languages (ESOL)
(Required of ESOL students)

22. Date when you entered the country: _____

23. Do you plan to stay in the US permanently?
 Yes No How long? _____

24. What is your native language?

25. What languages do you speak?

26. Have you studied English before?
 Yes How long? _____ No

27. Are you here to improve:
 speaking
 writing
 reading
 listening
 knowledge of American culture

28. Are you here to prepare for the U.S. Citizenship Test? Yes No

STAFF USE ONLY FOR INITIAL PLACEMENT RESULTS

MARK ALL THAT APPLY. *

Student status

Disabled Rural** resident
 Displaced homemaker Dislocated worker
 Migrant farm worker Homeless

Type of program where student is placed (if applicable)

Workplace Literacy Family Literacy
 Institutionalized settings Corrections facility
 Jail Community corrections
 Homeless program EL/Civics
 Distance education STAR Project
 ABLE-College pilot Bridge program

*See definitions in the O-PAS manual for clarification of categories
 ** Defined by NRS as places of less than 2,500 inhabitants and outside urbanized areas

Student signed FY 2012 ABE Release of Information Form? Yes No

PLACEMENT LEVEL

Mark the ABE level:
 Beginning ABE Literacy Beginning Basic Education Low Intermediate
 High Intermediate Low Adult Secondary High Adult Secondary

Mark the ESOL level:
 Beginning ESOL Literacy Low Beginning ESOL High Beginning ESOL
 Low Intermediate ESOL High Intermediate ESOL Advanced ESOL