

<b>For office use only:</b> Site: _____ ABLE staff: _____ Primary class: _____	<h2 style="margin: 0;">STUDENT REGISTRATION FORM</h2>	Date form completed: _____ Social Security #: _____-_____-_____ GED® Security #: _____-_____-_____ 
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Name: \_\_\_\_\_

**Last**
**First**
**M.I.**
**Maiden or other former name**
**Student ID:**

Address: \_\_\_\_\_ Apt.#: \_\_\_\_\_ Telephone: Phone 1: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_ Phone 2: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

Month
Day
Year
City
State
Country

Emergency information: Contact person: \_\_\_\_\_ Phone: \_\_\_\_\_ Allergies or conditions we should know about: \_\_\_\_\_

- |   |  |   |
|---|--|---|
| <p>1. Gender: <input type="radio"/> Male <input type="radio"/> Female</p> <p>2a. Are you Hispanic/Latino? <b>MARK ONE.</b><br/> <input type="radio"/> Yes, Hispanic or Latino<br/> <input type="radio"/> No, not Hispanic or Latino</p> <p>2b. What is your race?<br/> <b>MARK ALL THAT APPLY.</b><br/> <input type="checkbox"/> American Indian or Alaska Native<br/> <input type="checkbox"/> Asian<br/> <input type="checkbox"/> Black or African American<br/> <input type="checkbox"/> Native Hawaiian or Other Pacific Islander<br/> <input type="checkbox"/> White</p> <p>3. Are you a U.S. citizen? <input type="radio"/> Yes <input type="radio"/> No<br/>         If no, do you have an F-1 Visa? <input type="radio"/> Yes <input type="radio"/> No</p> <p>4. Are you a U.S. veteran? <input type="radio"/> Yes <input type="radio"/> No</p> <p>5. Are you registered to vote? <input type="radio"/> Yes <input type="radio"/> No</p> <p>6. Do you need special accommodations for a learning, ADD, ADHD, or physical disability?<br/> <input type="radio"/> Yes <input type="radio"/> No</p> <p>7. Do you have:<br/>         a driver's license? <input type="radio"/> Yes <input type="radio"/> No<br/>         a library card? <input type="radio"/> Yes <input type="radio"/> No<br/>         reliable transportation? <input type="radio"/> Yes <input type="radio"/> No<br/>         reliable child care? <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A</p> | <p>8. Did you pass the Ohio 9th grade proficiency test or Ohio Graduation Test?<br/> <input type="radio"/> Yes, all of the sections<br/> <input type="radio"/> Some of the sections.<br/>         Specify _____<br/> <input type="radio"/> No<br/> <input type="radio"/> N/A</p> <p>9. Number of children under 18 living in your home: _____</p> <p>10. Are you a single custodial parent? <input type="radio"/> Yes <input type="radio"/> No</p> <p>11. Do you receive public assistance? <input type="radio"/> Yes <input type="radio"/> No<br/>         If yes, mark all types that apply:<br/> <input type="checkbox"/> TANF<br/> <input type="checkbox"/> Food stamps<br/> <input type="checkbox"/> Other (Specify: _____)</p> <p>12. Employment Status: <b>MARK ONLY ONE.</b><br/> <input type="radio"/> Employed, full-time<br/> <input type="radio"/> Employed, part-time<br/> <input type="radio"/> Not employed, but looking for a job<br/> <input type="radio"/> Not employed, not looking for a job<br/> <input type="radio"/> Retired</p> <p>13. Education (including from another country):<br/>         Last full grade completed: _____<br/><br/>         Name and location of last school attended:<br/>         _____</p> | <p>14. What are your goals for coming to this program?<br/> <b>MARK ALL THAT APPLY.</b><br/> <input type="checkbox"/> To improve basic skills<br/> <input type="checkbox"/> To improve English language skills (ESOL)<br/> <input type="checkbox"/> To obtain a job<br/> <input type="checkbox"/> To retain or improve current job<br/> <input type="checkbox"/> To earn GED® or secondary school diploma<br/> <input type="checkbox"/> To enter postsecondary education or training<br/> <input type="checkbox"/> To decrease public assistance received<br/> <input type="checkbox"/> To obtain citizenship skills<br/> <input type="checkbox"/> To register to vote or to vote for the first time<br/> <input type="checkbox"/> Other (Specify: _____)</p> <p>15. How did you find out about this program?<br/> <b>MARK ALL THAT APPLY.</b><br/> <input type="checkbox"/> Employer<br/> <input type="checkbox"/> Family member<br/> <input type="checkbox"/> Friend<br/> <input type="checkbox"/> I attended before<br/> <input type="checkbox"/> Newspaper ad<br/> <input type="checkbox"/> Television/Radio ad<br/> <input type="checkbox"/> Brochure/Flyer<br/> <input type="checkbox"/> Department of Job and Family Services<br/> <input type="checkbox"/> Ohio Means Jobs Center<br/> <input type="checkbox"/> Internet<br/> <input type="checkbox"/> Other (Specify: _____)</p> |
|---|--|---|

**B. Workplace**

(Required of Workplace Literacy students)

16. Employer: \_\_\_\_\_

17. Dept/area: \_\_\_\_\_ Shift: \_\_\_\_\_

18. In what field is your current job?

- |  |  |
|--|--|
| <input type="radio"/> Agriculture/ food/natural resources        | <input type="radio"/> Health science                                 |
| <input type="radio"/> Architecture/ construction                 | <input type="radio"/> Hospitality & tourism                          |
| <input type="radio"/> Arts/audio-video technology/communications | <input type="radio"/> Human services                                 |
| <input type="radio"/> Business management/ administration        | <input type="radio"/> Information technology                         |
| <input type="radio"/> Education/training                         | <input type="radio"/> Law, public safety, corrections, & security    |
| <input type="radio"/> Finance                                    | <input type="radio"/> Manufacturing                                  |
| <input type="radio"/> Government/public administration           | <input type="radio"/> Marketing                                      |
|  | <input type="radio"/> Science, technology, engineering & mathematics |
|  | <input type="radio"/> Transportation, distribution, & logistics      |

19. Present skills/experience:

- |   |  |
|---|--|
| <input type="checkbox"/> Clerical (data entry, cash register, secretarial, etc.)        | <input type="checkbox"/> Service (health care, child care, etc.) |
| <input type="checkbox"/> Computer   | <input type="checkbox"/> Technical (TV, HVAC, auto, etc.)        |
| <input type="checkbox"/> Manual (bricklayer, carpenter, heavy equipment operator, etc.) | <input type="checkbox"/> Other                                   |
| <input type="checkbox"/> Retail (cashier, stocker, sales clerk, etc.)                   | Specify: _____   |

**C. English for Speakers of Other Languages (ESOL)**

(Required of ESOL students)

20. Year when you entered the country: \_\_\_\_\_

21. Do you plan to stay in the US permanently?

- Yes  No How long? \_\_\_\_\_

22. What is your native language?  
\_\_\_\_\_

23. What languages do you speak?  
\_\_\_\_\_

24. Have you studied English before?

- Yes How long? \_\_\_\_\_  No

25. Are you here to improve:

- speaking  writing  reading  
 listening  knowledge of American culture

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

**D. Family Literacy**

(Required of Family Literacy students)

27. Family Literacy goals

- To increase involvement in children's education (*relates to school activities*)
- To increase involvement in children's literacy-related activities

**STAFF USE ONLY FOR INITIAL PLACEMENT RESULTS**

**MARK ALL THAT APPLY. \***

**Student status**

- |  |  |
|--|--|
| <input type="checkbox"/> Disabled            | <input type="checkbox"/> Rural** resident  |
| <input type="checkbox"/> Displaced homemaker | <input type="checkbox"/> Dislocated worker |
| <input type="checkbox"/> Migrant farm worker | <input type="checkbox"/> Homeless          |

**Type of program where student is placed (if applicable)**

- |   |  |
|---|--|
| <input type="checkbox"/> Workplace Literacy         | <input type="checkbox"/> Family Literacy       |
| <input type="checkbox"/> Institutionalized settings | <input type="checkbox"/> Corrections Facility  |
| <input type="checkbox"/> Jail                       | <input type="checkbox"/> Community Corrections |
| <input type="checkbox"/> Homeless Program           | <input type="checkbox"/> Bridge Program        |
| <input type="checkbox"/> Distance Education         |  |

\*See definitions in the eGuide for clarification of categories

\*\* Defined by NRS as places of less than 2,500 inhabitants and outside urbanized areas

Student signed FY 2015 ABE Release of Information Form?  Yes  No

**PLACEMENT LEVEL**

**Mark the ABE level:**

- |  |   |  |
|--|---|--|
| <input type="radio"/> Beginning ABE Literacy | <input type="radio"/> Beginning Basic Education | <input type="radio"/> Low Intermediate     |
| <input type="radio"/> High Intermediate      | <input type="radio"/> Low Adult Secondary       | <input type="radio"/> High Adult Secondary |

**Mark the ESOL level:**

- |   |  |   |
|---|--|---|
| <input type="radio"/> Beginning ESOL Literacy | <input type="radio"/> Low Beginning ESOL     | <input type="radio"/> High Beginning ESOL |
| <input type="radio"/> Low Intermediate ESOL   | <input type="radio"/> High Intermediate ESOL | <input type="radio"/> Advanced ESOL       |