

**FOR OFFICE USE ONLY**
 NEW STUDENT     RETURNING STUDENT

PREVIOUS TEAMS NAME

TEAMS PARTICIPANT ID NUMBER

DOB

**All AE students must have an enrollment form on file before services are rendered. Please fill out the form below. Fill out information completely and correctly to the best of your knowledge.**

 Have you attended another Adult Education site?     Yes     No    Where \_\_\_\_\_    When \_\_\_\_\_

LAST NAME	FIRST NAME	MIDDLE INITIAL
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SOCIAL SECURITY NUMBER	TEXAS DL/ID – OTHER DOCUMENT NUMBER	<input type="checkbox"/> LAN <input type="checkbox"/> TX DL/ID <input type="checkbox"/> Other _____
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 SSN received from TEA

DATE OF BIRTH	AGE OF STUDENT	GENDER										
<table border="1" style="width:100%"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	<input type="checkbox"/> 16 <input type="checkbox"/> 17-18 <input type="checkbox"/> 19+	<input type="checkbox"/> Male <input type="checkbox"/> Female
M	M	/	D	D	/	Y	Y	Y	Y			

<b>ETHNICITY</b> <input type="checkbox"/> <b>Hispanic / Latino</b> <input type="checkbox"/> <b>Not Hispanic / Latino</b> Person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race	<b>RACE - MUST CHECK AT LEAST ONE RACE</b>				
<input type="checkbox"/> <b>American Indian or Alaskan Native</b> Indicates that he/she is a member of an Indian tribe, band, nation, or other organized group or community. Including any Alaska Native Village.	<input type="checkbox"/> <b>Asian</b> Person having origins in any of the original peoples of Far East, SE Asia, Indian Subcontinent.	<input type="checkbox"/> <b>Black/African American</b> American person having origins in any of the black racial groups of Africa.	<input type="checkbox"/> <b>Native Hawaiian or Pacific Island</b> Person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	<input type="checkbox"/> <b>White</b> In any of the original peoples of Europe, Middle East or North Africa.	

<b>IDENTIFYING INFORMATION</b>			
STUDENT STREET ADDRESS	CITY	STATE	ZIPCODE
MOBILE PHONE	HOME NUMBER	WORK NUMBER	
EMAIL ADDRESS			

<b>PRIVACY</b>			
I hereby give my consent to release personal identifiable information regarding my enrollment in post-secondary institutions as matched to the Texas Higher Education Coordinating Board (THECB) master enrollment records for the sole purpose of statistical analysis and adult education program improvement. Information will be released and exchanged between Texas Education Agency (TEA) and THECB. Participants who are 16, 17 and 18 years of age must have parent or guardian permission to participate in the program.			
<input type="checkbox"/> Do Not Release Directory Information Share Data with Texas Higher Education Coordinating Board <input type="checkbox"/> Yes <input type="checkbox"/> No Share Data with Texas Education Agency <input type="checkbox"/> Yes <input type="checkbox"/> No	Parent/Guardian Authorize Consent Share Data with Texas Higher Education Coordinating Board <input type="checkbox"/> Yes <input type="checkbox"/> No Texas Education Agency <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Disability</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant Did Not Disclose <input type="checkbox"/> Physical/Chronic Health Condition <input type="checkbox"/> Physical/Mobility Impairment <input type="checkbox"/> Mental or Psychiatric <input type="checkbox"/> Vision - Related <input type="checkbox"/> Hearing - Related <input type="checkbox"/> Learning Disability <input type="checkbox"/> Cognitive/ Intellectual <input type="checkbox"/> Participant Did Not Disclose Type of Disability	<b>Veteran Characteristics</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Eligible Veteran Status</b> <input type="checkbox"/> Yes <= 180 days <input type="checkbox"/> Yes, Eligible Veteran <input type="checkbox"/> Yes, Other Eligible Person <input type="checkbox"/> No								
	<b>Disabled Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes, Special Disabled	<b>Date of Military Separation</b> <table border="1" style="width:100%"> <tr> <td>M</td><td>M</td><td>D</td><td>D</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>	M	M	D	D	Y	Y	Y	Y
M	M	D	D	Y	Y	Y	Y			

<b>Employment and Education Information</b> Employed <input type="checkbox"/> Yes <input type="checkbox"/> No Employed, but received Notice of Termination <input type="checkbox"/> Yes <input type="checkbox"/> No or Military Separation <input type="checkbox"/> Yes <input type="checkbox"/> No Not in Labor Force <input type="checkbox"/> Yes <input type="checkbox"/> No Not Employed <input type="checkbox"/> Yes <input type="checkbox"/> No Unemployed 27+ Consecutive Weeks <input type="checkbox"/> Yes <input type="checkbox"/> No Hours Employed Per Week _____	<b>Reason for Not Looking for Work</b> <input type="checkbox"/> Full-time caregiver/ Parent <input type="checkbox"/> Disabled <input type="checkbox"/> Incarcerated <input type="checkbox"/> Ineligible to work <input type="checkbox"/> Dependent <input type="checkbox"/> Institutionalized <input type="checkbox"/> Other	<b>Type of Community</b> <input type="checkbox"/> Rural <input type="checkbox"/> Urban <b>School Status at Program Entry</b> <input type="checkbox"/> In Post-School, Secondary <input type="checkbox"/> Not Attending School or Secondary Dropout <input type="checkbox"/> Not Attending School, Graduate or has a Recognized Equivalent <input type="checkbox"/> Not Attending School Within Age Compulsory School Attendance
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<b>Highest School Grade Completed</b> <input type="checkbox"/> First Grade Completed <input type="checkbox"/> Seventh Grade Completed <input type="checkbox"/> Second Grade Completed <input type="checkbox"/> Eighth Grade Completed <input type="checkbox"/> Third Grade Completed <input type="checkbox"/> Ninth Grade Completed <input type="checkbox"/> Fourth Grade Completed <input type="checkbox"/> Tenth Grade Completed <input type="checkbox"/> Fifth Grade Completed <input type="checkbox"/> Eleventh Grade Completed <input type="checkbox"/> Sixth Grade Completed <input type="checkbox"/> Twelfth Grade Completed <input type="checkbox"/> No school grades completed	<b>Highest Education Level Completed</b> <input type="checkbox"/> Attained secondary school diploma <input type="checkbox"/> Attained a secondary school equivalency <input type="checkbox"/> The participant with a disability receives a certificate of attendance/ completion as a result of successful completing an Individualized Education Program (IEP) <input type="checkbox"/> Completed one or more years of postsecondary education <input type="checkbox"/> Attained a postsecondary technical or vocational certificate (non-degree) <input type="checkbox"/> Attained an Associate's degree <input type="checkbox"/> Attained a Bachelor's degree <input type="checkbox"/> Attained a degree beyond a Bachelor's degree <input type="checkbox"/> No Educational Level Completed	<b>Location of Highest Education Completed</b> <input type="checkbox"/> In the US <input type="checkbox"/> Outside of the US
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Migrant and Seasonal Farmworker Status	
<input type="checkbox"/> Seasonal Farmworker	<input type="checkbox"/> No
<input type="checkbox"/> Migrant and Seasonal Farmworker	
<input type="checkbox"/> Dependent of a seasonal, or migrant and seasonal farmworker	

Public Assistance Information		
On Public Assistance	Expanded Eligibility for TANF	Exhausting TANF within two years
<input type="checkbox"/> Yes	<input type="checkbox"/> Yes	<input type="checkbox"/> Yes
<input type="checkbox"/> No	<input type="checkbox"/> No	<input type="checkbox"/> No
<input type="checkbox"/> Participant did not disclose	<input type="checkbox"/> Participant did not disclose	<input type="checkbox"/> Not applicable

Additional Characteristics			
Foster Care Youth	<input type="checkbox"/> Yes <input type="checkbox"/> No	One-Stop Program Participant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
Homeless Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	In Correctional Facility	<input type="checkbox"/> Yes <input type="checkbox"/> No
Low-Income Status	<input type="checkbox"/> Yes <input type="checkbox"/> No	In Community Corrections	<input type="checkbox"/> Yes <input type="checkbox"/> No
English Language Learner	<input type="checkbox"/> Yes <input type="checkbox"/> No	Other Institutionalized setting	<input type="checkbox"/> Yes <input type="checkbox"/> No
Cultural Barriers	<input type="checkbox"/> Yes <input type="checkbox"/> No	On Parole	<input type="checkbox"/> Yes <input type="checkbox"/> No
Immigrant	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant did not disclose	On Probation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Displaced Homemaker	<input type="checkbox"/> Yes <input type="checkbox"/> No	(Community Supervision)	
Single Parent	<input type="checkbox"/> Yes <input type="checkbox"/> No	Family Literacy Participant	<input type="checkbox"/> Yes <input type="checkbox"/> No
Dislocated Worker	<input type="checkbox"/> Yes <input type="checkbox"/> No	In Workplace Literacy Program(s)	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent of Child(ren) ages 0-5	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant did not disclose	Participant in Job & Training Program	<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent of Child(ren) ages 6-10	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant did not disclose	One Stop Center Referral	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant did not disclose
Parent of Child(ren) ages 11-13	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant did not disclose	TANF Referral	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant did not disclose
Parent of Child(ren) ages 14-18	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant did not disclose	Referral from College	<input type="checkbox"/> Yes <input type="checkbox"/> No
Ex-Offender Status at Program Entry	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Participant did not disclose		
Date Released from Incarceration _____			

Participant Goals (Optional)			
Primary			
<input type="checkbox"/> Obtain High School Diploma	<input type="checkbox"/> Obtain HSE	<input type="checkbox"/> Obtain a Job	<input type="checkbox"/> Retain job or advance in job <input type="checkbox"/> Enrollment in College or Other Training
Secondary			
<input type="checkbox"/> Leave Public Assistance	<input type="checkbox"/> Obtain U.S. Citizenship	<input type="checkbox"/> Achieve Citizenship Skills	<input type="checkbox"/> Obtain/Improve: Health Care
<input type="checkbox"/> Greater Involvement in Children's Education	<input type="checkbox"/> Obtain/Improve: Parenting	<input type="checkbox"/> Greater Involvement in Children's Literacy Activities	<input type="checkbox"/> Obtain/Improve: Government and Law
<input type="checkbox"/> Greater Involvement in Community Activities	<input type="checkbox"/> Obtain/Improve: Occupational Skills	<input type="checkbox"/> Register to Vote or Vote for First Time	<input type="checkbox"/> Obtain/Improve: Consumer Economics
<input type="checkbox"/> Improve Basic Skills	<input type="checkbox"/> Obtain/Improve: Community Resource	<input type="checkbox"/> Make Progress in English (LEP)	<input type="checkbox"/> Other _____
		<input type="checkbox"/> General Involvement (Volunteering)	

EMPLOYMENT PARTICIPANT RELEASE OF INFORMATION	
I hereby give my consent to the Texas Workforce Commission to release personal identifiable information regarding my employment status or history to the THECB and/or TEA for the sole purpose of statistical analysis, administration or evaluation for the improvement of state adult education programs.	
<b>STUDENT</b>	<b>PARENT/GUARDIAN</b>
<input type="checkbox"/> CHECK THIS BOX TO AUTHORIZE CONSENT	<input type="checkbox"/> CHECK THIS BOX TO AUTHORIZE CONSENT
<input type="checkbox"/> CHECK THIS BOX NOT AUTHORIZING CONSENT	<input type="checkbox"/> CHECK THIS BOX NOT AUTHORIZING CONSENT

PARTICIPANT RELEASE OF INFORMATION AND PERMISSION TO PARTICIPATE IN THE PROGRAM	
The information provided is complete and correct to the best of my knowledge. I agree to abide by Adult Education Program policies, rules and regulations. I further understand the submission of false and/or failure to disclose information is grounds for rejection on my application, withdrawal of acceptance, cancellation of enrollment, and/or could affect my legal status in this country. Participants who are 16 years of age must have a court order. By signing this form, parents of 17 and 18 year old students give permission to participate in the program. <input type="checkbox"/> Yes <input type="checkbox"/> No - I give my consent for release of directory information, which consists of name, address, telephone number, date of birth, dates of attendance, degrees obtained and field of study.	
STUDENT NAME (PRINT) _____	PARENT NAME (PRINT) _____
STUDENT SIGNATURE _____	PARENT/GUARDIAN SIGNATURE _____
DATE _____	DATE _____

FOR OFFICE USE ONLY			
Test Needed	<input type="checkbox"/> Yes <input type="checkbox"/> No	Court Order Number _____	
Court Order with document number (16 years old)	<input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit/Self-Attestation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Official Withdrawal from School	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Why SSN was Not Collected		Why Texas Driver's License/ Texas Identification Not Collected	
<input type="checkbox"/> SSN was requested but not disclosed	<input type="checkbox"/> Has never been issued a SSN, but is eligible to receive one	<input type="checkbox"/> Individual does not remember SSN	<input type="checkbox"/> TX DL/ID was requested but not disclosed
			<input type="checkbox"/> Does not have a Texas Driver's License or Texas Identification Number
<b>SITE NAME</b>	<b>CLASS ID</b>	<b>BEST PLUS</b>	<b>BEST LITERACY</b> <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D
		<b>DATE</b>	<b>SCALE SCORE</b>
<b>INSTRUCTOR NAME</b>	<b>FIRST DAY OF CLASS</b>	<b>TABE</b> 11 12	<b>CASAS</b> (Circle One)
<b>CLASS START TIME</b>	<b>CLASS END TIME</b>	<b>READING</b>	<b>DATE</b>
<input type="checkbox"/> AM <input type="checkbox"/> PM	<input type="checkbox"/> AM <input type="checkbox"/> PM	<b>LEVEL</b>	<b>SCALE SCORE</b>
	<b>DAY(S)</b>	<b>MATH</b>	<b>DATE</b>
	S M T W T F S	<b>LEVEL</b>	<b>SCALE SCORE</b>
<input type="checkbox"/> Additional Registration with Class Number _____		<b>LANGUAGE</b>	<b>DATE</b>
		<b>LEVEL</b>	<b>SCALE SCORE</b>
<input type="checkbox"/> ASSESSMENT ENTRY NOTED ON AE FORM	<input type="checkbox"/> ASSESSMENT ENTRY NOT NOTED ON AE FORM OPTED TO ATTACH ASSESSMENT REPORT	<b>DATA ENTRY DATE</b>	<b>DATA ENTRY INITIALS</b>