



Adult General Education Student Registration

FOR OFFICE USE ONLY	
Student Number	School Name/Number
<input type="checkbox"/> ESOL	<input type="checkbox"/> CTE (Career and Technical Education)
<input type="checkbox"/> GED®	<input type="checkbox"/> ASE (AHS, High School Equivalency Program)

Accommodations and services are available to students with documented disabilities. If you have any special needs, arrange an appointment for advisement/counseling by contacting the Department of Adult and Community Education at (561) 649-6010. The School District of Palm Beach County, Florida is dedicated to the concept of equal access.

General Information *(Print or Type)*

Where do you want to take classes? *(Check one)*

School Site Online Registration Site: _____

1. First Name		2. M.I.	3. Last Name		4. Former Last Name
5. Birth Date (mm/dd/yy)		6. Address (House Number & Street Address)			7. Apt. #
8. City		9. State	10. Zip Code	11. Telephone Number <input type="text"/>	
12. Social Security Number (Optional)		<input type="text"/>		May we text you? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13. Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		14. Country of Birth _____			
15. Residence Status <input type="checkbox"/> Florida Resident (4) <input type="checkbox"/> Out-of-State Resident (5) <input type="checkbox"/> In-State Evacuee (6) <input type="checkbox"/> Out-of-State Evacuee (7)					
16. Ethnic Origin (Must choose one) <input type="checkbox"/> Hispanic or Latino (Y) <input type="checkbox"/> Not Hispanic or Latino (N)					
17. Race (Must choose at least one) <input type="checkbox"/> American Indian or Alaska Native (I) <input type="checkbox"/> Asian (A) <input type="checkbox"/> Black or African American (B) <input type="checkbox"/> Native Hawaiian or Other Pacific Islander (P) <input type="checkbox"/> White (W)					
18. Student Primary/Native Language (If not English, specify) _____					
19. Email Address _____					

Emergency Contact Information

20. First Name		21. M.I.	22. Last Name		23. Relationship to Student
24. Telephone Number <input type="text"/>		<input type="checkbox"/> Home <input type="checkbox"/> Cell	25. Email Address		



Adult General Education Student Registration, continued

Permissions and Release Statements (Initial next to each statement below and sign your name at the bottom)

_____ **Release of Student Information** - Pursuant to the Workforce Innovation and Opportunity Act (WIOA), I understand that my personal and confidential information will be shared only among the WIOA core program partner staff and subcontractors, will be used only for the purpose of conducting an employment data match and that further disclosure of personal confidential information or records is prohibited, and will not be shared among WIOA core partners if I decline to share personal confidential information or records. Further, I understand that declining to share personal and confidential information will not impact eligibility for services.

_____ **Permission for Photo/Video** - I hereby give permission for the school or District to use my photograph, video image, writing, voice recording, name, grade level, school name, participation in officially recognized activities and sport, dates of attendance, diplomas and awards received, date and place of birth, and most recent previous school attended, in annual yearbooks, graduation programs, playbills, school productions, web sites, social media sites, etc. and/or similar school or District sponsored publications or in school or District approved news media interviews, releases, articles, and photographs in the current school year. I also provide permission for the release by the school or District to the media and governmental entities of my name, grade, school name and honor I have received for public announcement of recognition of my accomplishments in the current school year. I understand that without initialing the permission box my name and photograph cannot and will not be included in any publications or presentations.

_____ **Permission for Internet** - Notice of Technology Acceptable Use Policy For Students: You may have access at school for many school-related activities to certain District technology resources, including the Internet and the District's Intranet. Your school's access to the Internet is filtered to comply with the Children's Internet Protection Act and School Board Policy 8.125. You will be required to follow the acceptable use standards and guidelines that are stated in Policy 8.123, the referenced Manual, and the Notice of Conditions for Student Use of District Technology and be bound by their terms. There is only a limited expectation of privacy to the extent required by law related to a student's use of these technology resources. Before you use these District resources, you must read, and/or be explained the policy. You are invited to read this Policy, Manual and Notice. If you need assistance reading the documents, you may ask the school for assistance. The policy is available at <http://www.palmbeachschools.org> under chapter 8 - Policy 8.123. By initialing the permission statement, I agree to follow the standards and guidelines stated in Policy 8.123 in the current school year.

_____ **Permission for Release of Educational Records** - I hereby give permission for The School District of Palm Beach County to obtain, release or transfer my student records (including, but not limited to, GED®, Industry Certification Exam, or other test scores) to and from District personnel and other institutions.

The School Board of Palm Beach County, Florida, prohibits discrimination in admission to or access to, or employment in its programs and activities, on the basis of race, color, national origin, sex or sexual orientation, marital status, age, religion, disability, genetic information, gender identity or expression, or any other characteristic prohibited by law. The School Board also provides equal access to the Boy Scouts and other designated youth groups. The School District of Palm Beach County offers the following career and technical programs, including career academies wherein students may earn industry certification. Visit the [Programs of Study](#) page for more information as well as a list of classes. Lack of English language skills will not be a barrier to admission and participation. The district may assess each student's ability to benefit from specific programs through placement tests and counseling, and, if necessary, will provide services or referrals to better prepare students for successful participation.

Signature of Student

Date



Adult General Education Student Registration, continued

First Name	M.I.	Last Name	Student Number	School Name/Number
<input type="checkbox"/> ESOL <input type="checkbox"/> GED® <input type="checkbox"/> CTE (<i>Career and Technical Education</i>) <input type="checkbox"/> ASE (<i>AHS, High School Equivalency Program</i>)				
26. Citizenship (<i>Optional</i>) <input type="checkbox"/> Non-Resident (A) <input type="checkbox"/> U.S. Citizen (C) <input type="checkbox"/> Permanent Resident Alien (P)				
27. Highest School Grade Completed				
<u>No high school diploma (<i>Grade Level 30</i>)</u>		<u>Has high school diploma (<i>Grade Level 31</i>)</u>		
<input type="checkbox"/> No Schooling (ZZ)		<input type="checkbox"/> Attained a high school diploma (D1)	<input type="checkbox"/> Attained an Associate of Applied Sciences (18)	
Completed a level from 1st - 11th grade (01-11)		<input type="checkbox"/> Attained a high school equivalency (G1)	<input type="checkbox"/> Attained an Associate of Science (19)	
<input type="checkbox"/> 01 <input type="checkbox"/> 02 <input type="checkbox"/> 03 <input type="checkbox"/> 04 <input type="checkbox"/> 05 <input type="checkbox"/> 06		<input type="checkbox"/> Has a disability and attained a certificate of attendance/completion as a result of successfully completing an IEP (15)	<input type="checkbox"/> Attained an Associate of Arts (20)	
<input type="checkbox"/> 07 <input type="checkbox"/> 08 <input type="checkbox"/> 09 <input type="checkbox"/> 10 <input type="checkbox"/> 11			<input type="checkbox"/> Attained a Bachelor's degree (21)	
<input type="checkbox"/> Completed 12th grade, but did not attain a diploma (12)		<input type="checkbox"/> Some college (16)	<input type="checkbox"/> Attained beyond a Bachelor's degree (22)	
<input type="checkbox"/> Attained a Career Certificate (17)				
28. Origin of Schooling <input type="checkbox"/> U.S. based (U) <input type="checkbox"/> Not U.S. based (N) <input type="checkbox"/> No Schooling (X)				

Student Information

29. Institutional Setting (<i>Must choose one</i>)			
<input type="checkbox"/> None (Z)		<input type="checkbox"/> Patient or Resident of a medical or special institution (A)	
30. Employment Status (<i>Must choose one</i>)			
<input type="checkbox"/> Employed (E) <input type="checkbox"/> Unemployed (U) <input type="checkbox"/> Not in the Labor Force (N) <input type="checkbox"/> Employed (<i>but received notice of termination</i>) (S)			
31. Employment Barriers (<i>Must choose one</i>)			
<input type="checkbox"/> None (N)		<input type="checkbox"/> Has beliefs or customs that influence a way of thinking or working that may serve as a hindrance to employment (C)	
32. United States Military Status (<i>Must choose one</i>)			
<input type="checkbox"/> Active Duty (A)		<input type="checkbox"/> Eligible Dependent (<i>spouse/child</i>) (D)	
<input type="checkbox"/> Active Member of the National Guard (N)		<input type="checkbox"/> No Military History (Y)	
<input type="checkbox"/> Active Member of the Reserves (R)		<input type="checkbox"/> Veteran (<i>Began service on or after 9/11/2001</i>) (W)	
<input type="checkbox"/> Veteran (<i>Prior service dates unknown</i>) (E)		<input type="checkbox"/> Veteran (<i>Began service prior to 9/11/2001</i>) (V)	
33. Single Parent (<i>Must choose one</i>)			
<input type="checkbox"/> None (Z)		<input type="checkbox"/> Single parent and single pregnant woman (B)	<input type="checkbox"/> Single parent, not pregnant or single father (S)
<input type="checkbox"/> Single pregnant woman (W)			
34. Ex - Offender (<i>Must choose one</i>)			
<input type="checkbox"/> None (N)		<input type="checkbox"/> Has been subject to any stage of the criminal justice process or requires help overcoming employment barriers due to an arrest record (E)	



Adult General Education Student Registration, continued

35. Homeless Individual *(Must choose one)*

None (N) I do not have a house to sleep in. I sleep in a car, park, abandoned building, bus station, etc.) (B)

I do not have a house to sleep in. I sleep in a hotel, campground, emergency shelter, hospital, temporarily at a friend's/family's house, etc. (A) My parents are agriculture, dairy, or fishing seasonal workers, and I have had to change schools in the last 3 years. (C)

36. Migrant and Seasonal Farmworker *(Must choose one)*

None (N) I, or my parents, work primarily in agriculture or fish farming and experience frequent periods of unemployment. (A)

I, or my parents, work primarily as a seasonal farmworker that requires frequent overnight travel (B)

37. Displaced Homemaker *(Must choose one)*

None (Z) Unemployed parent whose youngest child will be 16 years old and ineligible for assistance under TANF within two years of applying for the assistance (C)

Worked primarily without pay to care for home and family (A) I am a dependent spouse of a member of the Armed Forces on active duty whose family income is significantly reduced as a result, and who cares for home and family without pay. (D)

Was, but is no longer supported by public assistance or the income of a relative (B)

38. Income Status *(Must choose at least one)*

None (N) My TANF benefits will expire within two years (A) I have been unemployed for the last 27 or more weeks (B)

I identify as having low income due to one or more of the following: I or my family receives benefits through state public assistance OR my total family income does not exceed the poverty line OR I am a youth who is eligible to receive free or reduced lunch OR I am in a foster program OR I have a disability and my income is lower than the poverty line OR I am homeless OR I am a youth living in a high poverty area (C)

Work Information *(Print or Type)*

39. Are you a Palm Beach County School District Employee?

Yes No If yes, specify the department/school: _____

Signature of Student Date

FOR OFFICE USE ONLY

STUDENT FEES *(Fee Code or Exempt Code must be provided. Check one)*

(R) Fee required (W) Waived by School District *(Attach form 2460)*

(C) Co-enrolled (___) Exempt *(Attach form 2494 and documentation)*

Amount Paid \$ _____ Cash Check Receipt Number _____ Receipt Date _____

Institutional Setting: If applicable, indicate the correctional facility type where the student is participating in Adult Education courses.

State Correctional Facility (B) **Federal** Correctional Facility (C) **County** Correctional Facility (D) **City** Correctional Facility (E) **Community** Correctional Program (F)