



SCAEC
STATE CENTER
ADULT EDUCATION CONSORTIUM

COURSE ENROLLMENT FORM

PLEASE PRINT CLEARLY AND FILL OUT COMPLETELY.

ESL/Citizenship
Adult Basic Education
High School Diploma
High School Equivalency
CTE: _____

Please note: The CA Department of Education requests demographic data for all adults who enroll in classes. This information will ONLY be used to comply with state and federal funding requirements and will remain confidential.

Student Name: First name: _____ Middle name: _____ Last name: _____ Phone Number: (____) _____ - _____	Date of Birth: ____ / ____ / ____ Month Date Year Gender: (Mark One) <table border="1"> <tr><td>Male</td></tr> <tr><td>Female</td></tr> <tr><td>Non-Binary</td></tr> </table>	Male	Female	Non-Binary	Address: _____ Number and Street Apartment # _____ City State Zip Code Email: _____
Male					
Female					
Non-Binary					

Ethnicity (Mark Only One) <table border="1"> <tr><td>Hispanic</td></tr> <tr><td>Not Hispanic</td></tr> </table>	Hispanic	Not Hispanic	Primary Language: (Mark Only One) <table border="1"> <tr><td>English</td></tr> <tr><td>Spanish</td></tr> <tr><td>Chinese</td></tr> <tr><td>Hmong</td></tr> <tr><td>Farsi</td></tr> <tr><td>Punjabi</td></tr> <tr><td>Vietnamese</td></tr> <tr><td>Arabic</td></tr> <tr><td>Russian</td></tr> <tr><td>Cambodian</td></tr> <tr><td>Japanese</td></tr> <tr><td>Other: _____</td></tr> </table>	English	Spanish	Chinese	Hmong	Farsi	Punjabi	Vietnamese	Arabic	Russian	Cambodian	Japanese	Other: _____	Emergency Contact: Name: _____ Relationship: _____ Phone Number: (____) _____ - _____
Hispanic																
Not Hispanic																
English																
Spanish																
Chinese																
Hmong																
Farsi																
Punjabi																
Vietnamese																
Arabic																
Russian																
Cambodian																
Japanese																
Other: _____																

Racial Group: (Mark One or More) <table border="1"> <tr><td>Alaska Native</td></tr> <tr><td>American Indian</td></tr> <tr><td>Asian</td></tr> <tr><td>Black/African American</td></tr> <tr><td>Filipino</td></tr> <tr><td>Hawaiian/Other Pacific Islander</td></tr> <tr><td>White</td></tr> </table>	Alaska Native	American Indian	Asian	Black/African American	Filipino	Hawaiian/Other Pacific Islander	White	Highest Diploma or Degree Earned: (Mark Only One) <table border="1"> <tr><td>None</td></tr> <tr><td>GED or HISET</td></tr> <tr><td>High School Diploma</td></tr> <tr><td>Technical/Certificate</td></tr> <tr><td>Some College, No Degree</td></tr> <tr><td>A.A./A.S. Degree</td></tr> <tr><td>B.A. Degree</td></tr> <tr><td>Higher than a B.A./B.S.</td></tr> <tr><td>Other: _____</td></tr> </table>	None	GED or HISET	High School Diploma	Technical/Certificate	Some College, No Degree	A.A./A.S. Degree	B.A. Degree	Higher than a B.A./B.S.	Other: _____	Highest Grade Level of School Completed: _____ <u>Did you complete the MAJORITY of your schooling outside of the U.S.?</u> YES NO
Alaska Native																		
American Indian																		
Asian																		
Black/African American																		
Filipino																		
Hawaiian/Other Pacific Islander																		
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B.A. Degree																		
Higher than a B.A./B.S.																		
Other: _____																		

Challenges: (Mark All That Apply) <table border="1"> <tr><td>Low Income</td></tr> <tr><td>Receives financial/public assistance</td></tr> <tr><td>Receives Food Stamps</td></tr> <tr><td>Long Term Unemployed (27+ weeks)</td></tr> <tr><td>Single Parent</td></tr> <tr><td>Foster Youth</td></tr> <tr><td>Homeless</td></tr> <tr><td>Farmworker</td></tr> </table>	Low Income	Receives financial/public assistance	Receives Food Stamps	Long Term Unemployed (27+ weeks)	Single Parent	Foster Youth	Homeless	Farmworker	<table border="1"> <tr><td>Individual with a Disability</td></tr> <tr><td>Limited English</td></tr> <tr><td>Cultural barriers</td></tr> <tr><td>Low levels of literacy</td></tr> <tr><td>Jail/Corrections</td></tr> <tr><td>Ex-Offender</td></tr> <tr><td>CalWORKS Recipient</td></tr> <tr><td>Veteran</td></tr> </table>	Individual with a Disability	Limited English	Cultural barriers	Low levels of literacy	Jail/Corrections	Ex-Offender	CalWORKS Recipient	Veteran	Labor Force Status: (Mark Only One) <table border="1"> <tr><td>Employed</td></tr> <tr><td>Unemployed</td></tr> <tr><td>Retired</td></tr> <tr><td>Not Employed AND not looking for work</td></tr> </table>	Employed	Unemployed	Retired	Not Employed AND not looking for work
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Did you earn your diploma/degree outside of the US?
YES NO

I verify that the information I have provided above is true and correct to the best of my knowledge. I agree to allow my educational information AND social security number, if provided, to be shared with members and partners of Adult Education Consortia and EDD for educational purposes.

Signature: _____ **Date:** _____

Educational Goal: <table border="1"> <tr><td>Learn English</td></tr> <tr><td>Improve my academic skills</td></tr> <tr><td>Earn a high school diploma or equivalent</td></tr> <tr><td>Enter a college or a training program</td></tr> </table>	Learn English	Improve my academic skills	Earn a high school diploma or equivalent	Enter a college or a training program	Other Goal: <table border="1"> <tr><td>Get a job /Get a better job</td></tr> <tr><td>Earn more money</td></tr> <tr><td>Retain job</td></tr> <tr><td>Enter the military</td></tr> <tr><td>Earn U.S. Citizenship</td></tr> <tr><td>Personal/Family goal</td></tr> </table>	Get a job /Get a better job	Earn more money	Retain job	Enter the military	Earn U.S. Citizenship	Personal/Family goal	Course Enrollment- OFFICE USE ONLY <table border="1"> <thead> <tr> <th>Class</th> <th>Teacher</th> <th>Room</th> <th>Day/Time</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>	Class	Teacher	Room	Day/Time												
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Student SSID#: _____																												

VOLUNTARY AUTHORIZATION TO SHARE PERSONALLY IDENTIFIABLE INFORMATION AND RECORDS FORM

PURPOSE OF THIS FORM

The purpose of this form is to facilitate compliance with the Workforce Innovation and Opportunity Act (WIOA) (Public Law No. 113–128) signed by President Obama in 2014, the Family Educational Rights and Privacy Act (FERPA) (20 *United States Code* § 1232g; 34 *Code of Federal Regulations* Part 99) and California *Unemployment Insurance Code* Section 14013. This form: (i) allows the California Department of Education (CDE) to collect your social security number (SSN) so that accurate participation in adult education programs can be represented in reports; and (ii) provides your written consent for the CDE to share your personal information with the Employment Development Department (EDD). EDD is the state agency responsible for maintaining personally identifiable information, and shall keep all information confidential it receives from the CDE for use only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA, Title II: Adult Education and Family Literacy Act (AEFLA).

PLEASE READ THE FOLLOWING CAREFULLY

- I understand that the CDE is requesting my SSN and my written consent to share my personal information with the EDD, who shall keep the information confidential and use it only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA, Title II: AEFLA.
- I understand that I have the right to decline this request and that I am not required to give my permission.
- I understand that whether or not I agree to share my personal information and records, they will continue to be protected in accordance with the FERPA and other applicable state and federal laws.
- I understand that my enrollment and eligibility to participate in the WIOA, Title II: AEFLA programs does not depend on my consent to this request. In fact, if I decline the request to provide and share my personal information, my enrollment and eligibility for services shall not be affected.
- I understand that the EDD shall keep the information confidential and use it only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA.

Student Name (PRINT): _____

<input type="checkbox"/>	Yes , I voluntarily agree to provide my SSN and share my personally identifiable information and records.
<input type="checkbox"/>	No , I do not consent to share my personally identifiable information and records.

I acknowledge that I have not signed a similar form for the purposes of receiving adult education services in California using a different first or surname or date of birth, using the SSN provided herein.

Social Security Number

Signature

Date