

2020-2021 Student Information Form

Returning Student New Student

Intake Date:

SSN:

Last Name

First Name

Middle Name

Suffix

PROGRAM:

Program: GED CDP NEDP ESL Americanization/Citizenship

SASID:

Residence Area

Rural

Urban

Country Born:

Birthdate:

/

/

Gender

Male

Female

Ethnicity (must select at least one) Hispanic or Latino NOT Hispanic or Latino

Race (must check one or more)

- American Indian or Alaskan Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

Highest Education level Completed on Entry: write in the grade level

- No schooling
 Elementary Grade _____
 High School Grade _____
 Secondary School Diploma
 Some Post-Secondary/Post-Secondary Degree

Last High School Attended:

Highest Ed Level Location: US-based schooling Non-US-based schooling

Employment Status: (required)

- Employed, Full Time
 Employed, Part Time
 Unemployed
 Not looking for work
 Unavailable for work
 Retired
 Unemployed with Separation Notice

Miscellaneous Characteristics (check all that apply)

- Receive Public Assistance
 Immigrant
 Community/Alt. Corrections
 Mother Under 17- C.G.S.10-73d
 Needs Child/Dependent Care
 Needs Transportation

How did you hear about Adult Education:

Home Street Address:

Zip Code:

City:

County:

State:

Home Phone:

Mobile Phone:

Work Phone:

Email Address:

Name of Employer

Parent/Guardian of: (check all that apply and list number)

- Child(ren) 5 years and younger If yes, how many: _____
 Child(ren) 6 to 10 years If yes, how many? _____
 Child(ren) 11 to 18 years If yes, how many? _____

Name of Emergency Contact

Emergency Telephone

LL STUDENTS MUST CHECK ONE CATEGORY BELOW:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Low-level Literacy	ABE, GED, NEDP, CDP students (All students who do not have an SSD at entry)
<input type="checkbox"/> Yes <input type="checkbox"/> No	English Language Learner/Cultural Barriers	ESL/ELL students

CHECK ALL THAT APPLY BELOW:

<input type="checkbox"/> Yes <input type="checkbox"/> No	Ex-Offender	Do you have a criminal record that makes it hard to find a job? <i>(Do not select this category if you are currently incarcerated)</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No	No TANF within 2 Years or Less	Within two years, will you no longer be eligible to receive Temporary Assistance for Needy Families (TANF) benefits?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Youth in Foster Care/Aged Out	Are/were you in the foster care system and are under 24 years old?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Homeless or Runaway Youth	Are you homeless? Do you live in a motel, hotel, campground, transitional housing or with another person because you lost your house or apartment?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Long-term Unemployed	Have you been unemployed for 27 or more weeks (more than 6 months)?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Migrant and Seasonal Farmworker (If yes, select a subcategory)	<input type="checkbox"/> Are you a seasonal farmworker who has worked in the last 12 months in agriculture, fish or on a farm?
		<input type="checkbox"/> Are you a seasonal worker with no permanent residence (migrant)?
		<input type="checkbox"/> Are you a dependent of a farmworker?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Single Parent (or single pregnant woman)	Are you a single parent, unmarried or separated and have primary responsibility for one or more children under age 18, or are you a single, pregnant woman?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Low Income/Public Assistance	Do you have a low income? Do you receive SNAP, TANF, SSI, or local public assistance? Are you a foster child or homeless?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Displaced Homemaker	Are you a former homemaker who is having trouble finding a job or a better job?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Dislocated Worker	Have you been fired or laid off? Are you unemployed because the place where you worked has closed?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Disabled	Do you wish to disclose any disability that limits your life activities?

I understand that student information is confidential and will only be used for program administration, research and evaluation purposes.

Applicant Signature Required: _____ **Date:** _____

Handbook Sign-Off Sheet/Internet/Telecommunications Acceptable Use Policy

I have enrolled in the Stratford Continuing Education program, and I have read the online Continuing Education Student Handbook, which explains all policies, rules, and regulations. I understand that I am responsible for adhering to all of the rules and regulations in this Handbook. I also understand and will abide by the terms and conditions of the Internet/Telecommunications Acceptable Use Policy. I further understand that any conduct that is in conflict with the responsibilities outlined in the policy is unethical and will result in termination of my access to the network and possible disciplinary or legal action.

Student Name: (Print) _____

Student Signature: _____ Date: _____

FOR PROGRAM USE ONLY:

Age Documented: Yes No

Counselor

NEDP Advisor/Assessor

- Disability – Visible
- Disability – Self-Disclosed (only if the applicant self-disclosed a hidden, non-visible disability)
- Disability – Visible & Self-Disclosed
- Neither

**STRATFORD CONTINUING EDUCATION
150 Lincoln Street
Stratford, CT 06614
TEL: 203-385-4270
FAX: 203-386-3163**

TRANSCRIPT RELEASE FORM

I hereby authorize (Name of School): _____

Address: _____

to release my official transcript with SASID # and CAPT Scores to:

**Stratford Continuing Education
Credit Diploma Program
150 Lincoln Street
Stratford, CT 06614**

SASID # (for all students 18 years of age and under who last attended a Connecticut public high school) _____

CAPT SCORES (if taken) _____

Please Print

Name: _____

Maiden Name: _____

Current Address: _____

Social Security #: _____ Date of Birth: _____

Year(s) of Attendance: _____

Student Signature: _____ Date: _____

If student is under age 18, a parent signature is required.

Parent Signature: _____ Date: _____

STRATFORD/TRUMBULL CONTINUING EDUCATION

WHERE DID YOU HEAR ABOUT US?

- I am a returning student
- Newspaper: Which one? _____ Community Calendar
_____ Trumbull Brochure
_____ Connecticut Post
_____ Stratford Star
_____ Trumbull Times
_____ Stratford Patch
- Sandwich Sign on Paradise Green
- High School Teacher, Counselor, Administrator
- Our Website
- Facebook
- Billboard
- Poster
- Other, please specify _____

WHAT PROGRAM DO YOU PLAN TO ATTEND?

- ESL (English as a Second Language)
- ABE/GED® Prep
- CDP (Credit Diploma Program)
- NEDP (National External Diploma Program)
- AMERICAN CITIZENSHIP
- ENRICHMENT