



Attachment 2.G

Student Registration Form

Today's Date: _____ Name _____
Last First Middle

Social Security Number: _____

Street Address: _____ Apt #: _____

City: _____ State: MN Zip Code: _____

Primary Telephone: _____

Other Telephone: _____ Email: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone Number: _____ Other Phone: _____

Gender: Male Female Date of Birth: _____

Would you like to receive automated phone and/or email messages regarding days we are closed due to severe weather, when to return to school after breaks, etc.? Yes No

Primary Reason for Attending: Improve English GED preparation College Prep
 Improve Basic Skills for Employment Other

Is there any additional information important for us to know in order to assist you in reaching your educational goals? (Ex. Previous GED Test scores, barriers to attending daily, issues that might make you unable to attend, learning strategies that work for you, etc.)

Box for Staff Use Only

Test	Form/Level	Raw Score/Scaled Score/GE			Class Assignment	Start Date
TABE Complete Battery Reading	9 10 E M D A					
TABE Survey Math	9 10 E M D A					
TABE Complete Battery Language	9 10 E M D A					

- Race/Ethnicity** (Check one) **Two or more ethnicities/races** **American Indian or Alaska Native**
 Asian **Black or African American** **Hispanic/Latino** **White**
 Native Hawaiian or Other Pacific Islander

Country of Birth (USA, Somalia, Mexico, etc.): _____

Primary Language (English, Somali, Spanish, etc.): _____

- Employment Status** **Not in the Labor Force** (not currently looking for or able to work – might look more seriously after getting more education/training)
 Employed (you currently have a job)
 Unemployed (you do not have a job but you have been looking for one seriously for the past month)

Education in US:

- 0 years**
- K-5 years**
- 6-8 years**
- 9-12 years**
- High School Diploma**
- GED**
- Some Post-Secondary**
- College/Post-Secondary Degree**
- No Degree**
- Unknown**

Education in non-US country:

- 0 years**
- K-5 years**
- 6-8 years**
- 9-12 years**
- High School Diploma**
- GED**
- Some Post-Secondary**
- College/Post-Secondary Degree**
- No Degree**
- Unknown**

Individual/Household Information

Are you a single parent living with children under the age of 18? Yes No
Number of children living with you: Ages 0-5 _____ Ages 6-12 _____ Ages 13-17 _____

(Please check all that apply below)

- Disability** **Learning Disability** **Low Income** **Other Public Assistance**
- Dislocated Worker** (you have been laid off from your job or notified that a layoff may occur)
- Displaced Homemaker** (another person was the source of your financial support and this agreement ended)
- MFIP** (MN Family Investment Program)

What is your annual income? _____ (if you do not know the annual amount please indicate if the income amount you wrote in is weekly, bi-weekly or monthly)

If you receive MFIP assistance, what is the name of the MFIP agency: _____
Employment Counselor Name: _____ **Phone Number:** _____

- Referral Source** How did hear about our program (check all that apply)? **Friend/Family**
 TV/Radio **Employer** **Library** **Newspaper** **Special Event** **Poster**
 Web Site **Public Relations Talk** **Phone Book** **Other Agency/Literacy Organization**
 Pro Literacy **Dollar General Referral Program** **Sign/Billboard**
 Other _____