

Name: _____
Last First MI

Home Address: _____
(Mailing Address/PO Box) APT # City State Zip Code

Email Address: _____ DE K-12 Student ID# _____

SSN or TIN #: _____ - _____ - _____ Birth Date: ____/____/____ Gender (Check one) Female Male

<small>Home Phone</small>	<small>Cell Phone</small>	<small>Emergency Phone</small>

Emergency Contact Name _____

Name of Employer: _____ Employer Phone Number: _____

Are you an English as a Second Language Learner? No Yes Location of Last School Completed US Based Non-US Based

Please answer all questions

LAST GRADE LEVEL OR DEGREE COMPLETED	Check one: <input type="checkbox"/> No Schooling <input type="checkbox"/> Grades 1-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> No Diploma Grades 9-12 <input type="checkbox"/> H.S. Diploma <input type="checkbox"/> GED® <input type="checkbox"/> Some College, No Degree <input type="checkbox"/> College or Professional Degree
ETHNICITY AND RACE	1) Check one: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino 2) Check all that apply: <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Pacific Islander <input type="checkbox"/> White
WORK STATUS	Check all that apply: <input type="checkbox"/> Employed <i>Full or Part Time</i> <input type="checkbox"/> Employed, but received Notice of Termination or Military Separation is pending <input type="checkbox"/> Unemployed <i>Available and actively seeking a job</i> <input type="checkbox"/> Not in Labor Force <i>Not employed and not seeking a job</i>
BARRIERS TO EMPLOYMENT	Check all that apply: <input type="checkbox"/> Low Literacy Levels <input type="checkbox"/> English Language Learner <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Disabled <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Low-Income Individual <input type="checkbox"/> Ex Offender <input type="checkbox"/> Exhausting TANF Within Two Years <input type="checkbox"/> Foster Child <input type="checkbox"/> Homeless <input type="checkbox"/> Long Term Unemployed <input type="checkbox"/> Migrant and/or Seasonal Farmworker <input type="checkbox"/> Single Parent/Guardian
FAMILY INCOME & FEDERAL OR STATE ASSISTANCE	Check one: <input type="checkbox"/> \$0-10,830 <input type="checkbox"/> \$10,831-14,570 <input type="checkbox"/> \$14,571-18,310 <input type="checkbox"/> \$18,311-22,050 <input type="checkbox"/> \$22,051-25,790 <input type="checkbox"/> \$25,791-29,530 <input type="checkbox"/> \$29,531-33,270 <input type="checkbox"/> \$33,271-37,010 <input type="checkbox"/> \$37,011-40,000 <input type="checkbox"/> >\$40,001 Check all that apply: <input type="checkbox"/> Assistance for food <input type="checkbox"/> Medicaid <input type="checkbox"/> SSI <input type="checkbox"/> Unemployment Insurance <input type="checkbox"/> WIC
INTERNET ACCESS	Check all devices available for your use to access the Internet: <input type="checkbox"/> Computer (desktop or laptop) <input type="checkbox"/> Android Phone <input type="checkbox"/> iPhone <input type="checkbox"/> Android Tablet <input type="checkbox"/> iPad <input type="checkbox"/> Chrome Book <input type="checkbox"/> Other device

Last Date Attended School _____ Name of Last School Attended _____

Have you taken any tests of the GED® Exam? No Yes Year High School Diploma or GED® issued _____

Previously enrolled in Adult Education or James H. Groves Classes? No Yes-- If yes, where? _____

Referred by: (check box) Friend/Family Social Media Advertisement Agency/Social Service Other _____

Delaware adult education programs comply with the Americans with Disabilities Act of 2010.

If you need a special accommodation, please notify your center.

Release of Information

I authorize the Delaware Department of Education and the local ABE program to release my Social Security Number; assessment results; scores of any secondary credential exams; and email addresses and cell phone numbers for purposes of education accountability reporting and employment research/reports. I also authorize the Delaware Department of Labor and United States Department of Labor to release my personal employment information and personal identifying information to the Delaware Department of Education and United States Department of Education to compile performance metrics data related to state or federal grants or to the Workforce Innovation and Opportunity Act.

 Student Signature (Pen Only)

 Date

DELAWARE ADULT EDUCATION STUDENT INTAKE FORM FY22



Student Name: _____ Date: _____

Please select goals that are attainable this school year.

STATE GOALS	Date Set	Date Met
Retain a Job		
Completion of Digital Literacy Activities		
Completion of a Civics COA		
Completion of Workforce Preparation Activities		
Completion of a Career Plan		
Completion of 2 or more GED® Subtests passed		
Completion of Financial Literacy Activities		
Completion of a Transition to Employment or Post-Secondary/Training COA		
Groves – Obtain a Job		

For Program Use Only

	<i>Re-test Date</i>	<i>Re-test SS*</i>	<i>Form/ Level</i>		<i>Re-test Date</i>	<i>Re-test SS*</i>	<i>Form/ Level</i>
TABE Reading Scaled Score							
TABE Total Math Scaled Score							
BEST Plus Scaled Score							

COA Transition to Employment Writing COA Writing Instructional Level Assessment (WILA)	Assessment Date	Placement Level

	<i>Pre-test Date</i>	<i>Pre-test SS*</i>	<i>Form/ Level</i>		<i>Re-test Date</i>	<i>Re-test SS*</i>	<i>Form/ Level</i>
TABE Reading Scaled Score							
TABE Total Math Scaled Score							
BEST Plus Scaled Score							

Personal Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *Zip Code*

Home Phone: _____ **Cell Phone:** _____

Email _____

Birth Date: _____ **Marital Status:** _____

Spouse's Name: _____

Spouses' Employer: _____ **Spouse Work Phone:** _____

REQUIRED What is your native language? _____

Learning Model Preference: *(Please check only one. Students must meet specific requirements in order to enroll in Blended Learning Models 2 and 3.)*

- Blended Learning Model 1: In-person learning full-time at site from 5:30 p.m. – 8:30 p.m.
- Blended Learning Model 2: Virtual learning full-time from 5:30 p.m. – 8:30 p.m.
- Blended Learning Model 3: In-person & virtual learning from 5:30 p.m. – 8:30 p.m.

Emergency Contact Information

Full Name: _____
Last *First* *M.I.*

Address: _____
Street Address *Apartment/Unit #*

City *State* *Zip Code*

Primary Phone: _____ **Cell Phone:** _____

Email: _____

Relationship: _____



Work Information

Company Name: _____

Direct Supervisor: _____

Address: _____

Street Address

City

State

Zip Code

Phone: _____ **Fax:** _____

Hire Date: _____

Job Title: _____ **Hourly Wage:** _____ **Average Hours/Week:** _____

Occupation Type: Check One

Administrative

Sales Associate

Construction

Agriculture

Food Service

Military

Child Care

House Keeper

Other: _____

Type of Employer: Check One

Agriculture

Retail

Education

Construction

Transportation/Warehousing

Finance/Insurance/

Real Estate

Manufacturing

Healthcare

Government

Other: _____

Description of Duties:

ACCEPTABLE USE POLICY FORM

Technology is used in the Christina School District to support teaching and learning. Users of the District's computers and networks and the Internet (Web, e-mail, chat, messaging, etc.) are responsible for their actions. The use of technology in the District must be consistent with the academic goals of the school and the District. Access to the technology is given to students who agree to act in a considerate manner and follow the Christina School District Code of Conduct, the State of Delaware Acceptable Use Policy and school rules when using the system. Computer files and network storage areas will be treated like student lockers. System administrator and school staff may monitor or review files and communications to maintain systems integrity and to ensure responsible system use. Violations may result in the loss of access as well as other disciplinary or legal action.

NOTE: The District employs blocking and filtering measures to restrict access to material harmful to minors.

Acceptable uses of technology for students

- Using technology in the District in a manner consistent with the academic goals of the school and District
- Accessing systems using only authorized usernames/passwords *Unacceptable uses of technology for students* (may result in disciplinary or legal action)
- Harassing, insulting, or attacking others
- Intentionally damaging computers, software, systems or networks
- Revealing personal information or parents' personal information such as address, telephone number, and credit card numbers. etc.
- Sending or displaying messages or pictures that are offensive
- Using obscene or profane language
- Violating copyright laws
- Using the network for illegal or commercial purposes, including "hacking" and other unauthorized access
- Using or bypassing another person's username and password
- Trespassing in another's folder, work, or files

As a user of technology in the Christina School District I hereby agree to comply with the Acceptable Use Policy.

Student Signature _____ **Date** _____

Email: _____

PERMISSION FOR MEDIA EXPOSURE

On occasion, the local news reporters and our Christina staff do feature pieces on school events and activities. Please indicate if you do or do not want your picture or work in the newspaper or used in any other media release.

_____ **Yes, my picture or work may be used in the media.**

_____ **No, I do not want my picture or work used in the media.**

Student Signature

Date

On occasion, the program advertises or promotes the program using social media. In addition, events, parties, gatherings, and other classroom activities are photographed and showcased on these platforms. Please indicate if you do or do not want your picture or work posted.

_____ **Yes, my picture or work may be used on social media.**

_____ **No, I do not want my picture or work used on social media.**

Student Signature

Date

General Assistance Referral Form

Name: _____

Date: _____

Directions: Please enter a check mark next to the box or boxes in which you are in need of assistance and/or would like to receive more information about.

- Food Stamps
 - Temporary Assistance to a needy family
 - Expungement Services
 - Job Training Opportunities
 - Child Support
 - Child Care
 - Services for the Visually Impaired
 - Services for Senior Citizens, including employment
 - Services for Adult with Physical Disabilities
 - Housing
 - Assistance with Managing Finances
 - Information on setting up a small business
 - Job Corps
 - Veterans Benefits
 - Libraries Services
 - Refugee Services
 - Unemployment Insurance
 - Health Information from Public Health
 - Child's Education
 - Job Search
 - Transportation (DART or Ride Share)
 - Foreign Labor Certification and Work Permits
 - Citizenship
 - Other _____
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