

Name: _____
Last First MI

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

Email Address: _____ Birth Date: ____/____/____

SSN or TIN #: _____ Sex (Check one) Female Male Non-Binary Not Answering

DE K-12 ID# _____ Cell Phone # _____ Home Phone # _____

Emergency Contact Name _____ Phone# _____

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 State 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 FY25



Student Name: _____ Date: _____

Please select **ONE** goal from the list below to complete this school year.

STATE GOALS	Date Set
Retain a Job	
Completion of Digital Literacy Activities	
Completion of a Civics COA	
Completion of Workforce Preparation Activities	
Completion of a Career Plan	REQUIRED COMPLETION FOR ALL STUDENTS
Completion of 2 or more GED® Subtests passed	
Completion of Financial Literacy Activities	
Completion of a Transition to Employment or Post-Secondary/Training COA	
Obtain a Job	JAMES H. GROVES ADULT HS ONLY
Increased involvement in child’s education.	REQUIRED FOR FAMILY LITERACY PROGRAM
Increased involvement in children’s literacy activities.	REQUIRED FOR FAMILY LITERACY PROGRAM

FOR PROGRAM USE ONLY

	<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/Math Scaled Score							
BEST Plus/Scaled Score							

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



JAMES H. GROVES ADULT HIGH SCHOOL
STUDENT HANDBOOK ACKNOWLEDGEMENT &
ACCEPTANCE of RULES & REGULATIONS
(Newark Location)

1. Students attending James H. Groves High School courses shall attend a minimum of 85% of the course hours in order to receive credit for the course. No provision is made for excused absences. Tardies, leaving class for extended time or leaving class early are counted as absentee time. Students who exceed the attendance policy may not be awarded credit for the course in which the attendance exceeds the attendance required to receive credit.
2. Students are not to arrive or leave the facility more than fifteen minutes before or after class time.
3. Student absences will be monitored by counselors and site coordinators.
4. Students are not to leave class without the permission of the teacher. Students who leave class, for other than an emergency, may not be permitted to return to that class that evening and will be marked absent.
5. There is a five (5) minute break period at the end of the class period. Classes will begin promptly at the designated time. There will be no breaks during instructional time.
6. Students are not permitted to wander throughout the building, or to be in any part of the building other than where their classes are being held.
7. When a student leaves the building, he/she is to leave the school premises and is not to return that evening.
8. Delaware State law prohibits the use of any and all tobacco products in all school buildings and on school property at any time.
9. The student is responsible for all materials borrowed from the school. If lost, payment is expected for the materials. School books are borrowed and are to be returned before any grades are released.
10. Unsatisfactory conduct such as drug abuse, consumption or possession of alcoholic beverages, insubordination, willful destruction or defacing of school property, and/or breach of the peace will result in automatic disenrollment and court action-regardless of age.
11. All students are expected to respond and behave as adults and will act accordingly, accepting responsibility for their educational efforts. This includes providing ideas and input to their instructors, in a constructive manner, in an effort to improve the program as needed to meet student needs.
12. Pagers, beepers, cellular phones, portable CD/Cassette players, headphones, or any other type of communication devices are to be turned off during class time. Violation of this policy may result in automatic disenrollment.
13. The student will follow all subsequent rules and policies of the Christina School District and/or district where the educational program is located.

I, the undersigned, have received, read and understand the contents of the James H. Groves Adult High School, Newark Center, and Student Handbook. I also understand and agree to abide by the rules, regulations, and policies of James H. Groves Adult High School and the Christina School District.

Student's Printed Name

Student's Signature

Date

James H. Groves Adult High School
Newark Center
925 Bear Corbitt Road
Bear, Delaware 19701

Phone: (302) 454-2400

Fax: (302) 454-2272

REQUEST FOR TRANSCRIPT and SCHOOL RECORDS

DISCLOSURE OF PUPIL'S SCHOOL RECORDS

Permission for Release of School Information
Under Provision of P.L. 93-380, Title V, Section 438 (Privacy Act),

James H. Groves Adult High School is a State of Delaware program for adults and out-of-school youth to complete a secondary school credential: Diploma or GED® The individual named below is enrolling at the James H. Groves Adult High School, Newark Center. Please forward records including transcript of high school courses, grades, credits and Active IEP (if applicable).

PLEASE PRINT

TO: Name of School _____
Street Address _____
City _____ State _____ Zip _____

I request and authorize the release of my records to the:

JAMES H. GROVES ADULT HIGH SCHOOL, NEWARK CENTER

Student Name _____ (*Maiden Name*)

Date of Birth ____/____/____ Soc. Sec. # _____

Approximate Date of Withdrawal ____/____ (month/year)

Current Student Address _____

Current Telephone # _____

Student Signature _____ Date _____

Parent Signature _____ Date _____
(if student is less than 18 years of age)

Date of first request _____ Date of second request _____

Date reply is received _____

Managed by Christina School District Adult Programs
Under Agreement with the Delaware Department of Education
Accredited by Middle States Association of Schools and Colleges

James H. Groves Adult High School Student Career Plan (Step One)

Student Name: _____

Date of Plan: _____

Career Goal Statement: My career goal is to become/or continue to be:

My career goal can be identified as:

- Continued employment in my current career field/job
- Career advancement within my current field/job
- New career choice

What is your current level of education? (Please check all that apply)

- No schooling
- Grades 1-8
- No diploma (grades 9-12)
- High school diploma
- High school credential (i.e.-certificate of attendance)
- GED® credential
- Registered apprenticeship certificate
- Industry certificate/license
- Technical school credential
- Some college, no degree
- College degree
- Other (please specify: _____)

What educational requirements does your chosen career demand?

- High school diploma or equivalent
- Associate degree
- Bachelor's degree
- Master's degree
- Industry certification/license (i.e.- CNA)
- Technical school credential
- Registered apprenticeship certificate
- Other (please specify: _____)

Employment History

*Check here if never employed

Job #1

Employer: _____

Position(s) held: _____

Dates of Employment (approximate years acceptable): _____

Time on the job (months/years): _____

Skills gained while on the job:

Job #2 (if applicable)

Employer: _____

Position(s) held: _____

Dates of Employment (approximate years acceptable): _____

Time on the job (months/years): _____

Skills gained while on the job:

Job #3 (if applicable)

Employer: _____

Position(s) held: _____

Dates of Employment (approximate years acceptable): _____

Time on the job (months/years): _____

Skills gained while on the job:

Other Experiences (if applicable)

Type(s) of activities (check all that apply):

- Volunteer
- Community service
- Internship
- Job Shadowing
- Mentorship
- Student organizations
- Other: (please specify: _____)
-

What activities did you complete during your experience(s)?

Dates of Activities (approximate years acceptable): _____



Length of time in activity(s) (months/years): _____

Skills gained during experience(s):

What skills are required for your chosen career? (personality traits, character, knowledge, etc.) – *It may be helpful to research this career in O*NET Online ("your tool for career exploration and job analysis") by going to <https://www.onetonline.org>.*

What are your current transferable skills, interests, and abilities that will help you achieve your career goal?

Student Signature: _____

Staff Signature: _____

As you work towards the obtainment of your secondary credential/high school diploma, you will meet with you career counselor/transition coordinator to complete step 2 of this plan to determine activities and action items to be addressed to meet your career goals.

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