



LEXINGTON ONE ADULT EDUCATION ADULT EDUCATION REGISTRATION FORM

2020-2021

Site: RCLC **ESL PROGRAM**

| |
|------------------------|
| For Program Use Only |
| Date: _____ |
| State ID _____ |
| PS Withdrawal Cd _____ |

Morning Face to Face

Morning Virtual

Evening Face to Face

Evening Virtual

| | | | | |
|--|--|----------------------------|--------------------|----------------|
| Last Name & Suffix | | First Name | Middle/Maiden Name | Preferred Name |
| Mailing Address | | | | |
| City | | | State | Zip |
| County or School District of Residence | | | | |
| Home Phone | | Cell Phone | | Work Phone |
| Email | | Date of Birth (mm/dd/yyyy) | | Age |
| | | | | Gender (M/F) |

Ethnicity: Please check the "YES" or "NO" box on the line below to indicate ethnicity.

(Definition: A Hispanic/Latino individual is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture/origin, regardless of race.)

Yes, I am Hispanic/Latino No, I am not Hispanic/Latino

Race: Check one or more boxes below to indicate your race.

American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander

Black or African American Asian White

Employment Status: Check only one box below to indicate employment status

Employed but pending separation incl. military Unemployed and looking for work Retired

Unavailable for work Unemployed but not looking for work Employed Full or Part-time

Education Level Completed (Check one):

No Schooling Completed Grade _____ in K-12 High School Equivalency Diploma

High School Diploma Some College Educ. (no degree) College or Professional Degree

Location of Education: U.S. Schools? Yes No

Name of Last High School Attended:

Have you attended adult education before? _____ Date? _____
 If Yes, where? _____

If you are between ages 17-21, are you **currently** expelled from school? Yes No

Do you receive Public Assistance? Yes No Please circle which type: **SNAP TANF WIOA Other:**

Immigrant Yes No If Immigrant, Birth Country: _____

Your signature below indicates the following: All information provided on this form is accurate to the best of your knowledge AND you understand and agree to the Program Rules, Dress Code & Internet Policy.

Student Signature: _____ Date: _____

Adult Education Barrier Assessment

Name: _____

Students: Please read each statement below and check the box next to all statements that apply to you.

| | |
|------------------------------|---|
| 1. <input type="checkbox"/> | I need to improve my academic skills (reading, writing, or math). |
| 2. <input type="checkbox"/> | I don't have a high school diploma. |
| 3. <input type="checkbox"/> | I don't feel part of American culture or society, in general. |
| 4. <input type="checkbox"/> | I feel that my beliefs, religion, or other personal lifestyle choices are keeping me from a job. |
| 5. <input type="checkbox"/> | I have a physical disability. |
| 6. <input type="checkbox"/> | I have been diagnosed with or believe I have a learning disability. |
| 7. <input type="checkbox"/> | I have an emotional or mental health issue. |
| 8. <input type="checkbox"/> | I lost my last job due to a lay-off, downsizing, lack of work, or shutdown. |
| 9. <input type="checkbox"/> | I was terminated from my last job. |
| 10. <input type="checkbox"/> | I've been dependent on another person's income (homemaker, etc.) and now need to get a job. |
| 11. <input type="checkbox"/> | It's hard to make ends meet with my income. |
| 12. <input type="checkbox"/> | I'm not fluent in the English language. |
| 13. <input type="checkbox"/> | I have a felony on my record. |
| 14. <input type="checkbox"/> | I'm on probation or parole. |
| 15. <input type="checkbox"/> | I currently receive or within the past 6 months have received TANF. |
| 16. <input type="checkbox"/> | I'm currently in foster care or have recently "aged out" of foster care. |
| 17. <input type="checkbox"/> | I live with a family member or friend and/or I don't have a permanent place to live right now. |
| 18. <input type="checkbox"/> | I've been unemployed for more than 6 months. |
| 19. <input type="checkbox"/> | I don't read very well. |
| 20. <input type="checkbox"/> | I or my family travel to or relocate where farming jobs are available. |
| 21. <input type="checkbox"/> | I or my family work seasonal farm work. |
| 22. <input type="checkbox"/> | I or my children have Medicaid Insurance. |
| 23. <input type="checkbox"/> | I currently receive or within the past 6 months have received SNAP benefits (formerly food stamps). |
| 24. <input type="checkbox"/> | I currently receive or within the past 6 months have received WIC benefits for myself or my children. |
| 25. <input type="checkbox"/> | I live in public housing or receive rental assistance. |
| 26. <input type="checkbox"/> | I receive Social Security Insurance benefits for myself or my children. |
| 27. <input type="checkbox"/> | I'm a single, separated, divorced, or widowed parent with primary custody of children under 18. |
| 28. <input type="checkbox"/> | I'm receiving services from SC Vocational Rehabilitation Services. |
| 29. <input type="checkbox"/> | I'm receiving unemployment benefits. |
| 30. <input type="checkbox"/> | I don't have a driver's license. |
| 31. <input type="checkbox"/> | I don't have a birth certificate. |
| 32. <input type="checkbox"/> | I don't have a social security card. |
| 33. <input type="checkbox"/> | I don't always have transportation when I need it. |
| 34. <input type="checkbox"/> | I don't have reliable childcare. |
| 35. <input type="checkbox"/> | I'm caring for a sick or disabled family member or friend. |
| 36. <input type="checkbox"/> | I have a difficult work schedule. (long or odd hours, rotating shifts, etc.) |
| 37. <input type="checkbox"/> | I move often to a different house or town. |
| 38. <input type="checkbox"/> | I receive assistance through the SCWorks (One-Stop). |



LEXINGTON ONE ADULT EDUCATION
420 Hendrix St.
Lexington, SC 29072

AUTHORIZATION FOR RELEASE OF INFORMATION

I give permission for the release of my employment and post-secondary school information by the following agencies to the South Carolina Department of Education (SCDE). I understand that my social security number will be used by the SCDE as well as Adult Education's state & local partner agencies. My social security number will not be released to any other third party.

| Yes | No | Release to Data Match Agency: |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | S.C. Dept. of Employment and Workforce P. O. Box 995, 1550 Gadsden St. Columbia, SC 29202 Phone No (803) 737-2588, Fax No (803) 737-0140 |
| <input type="checkbox"/> | <input type="checkbox"/> | Post-Secondary Institutions (to include but not limited to): S.C. Technical Colleges or the Commission on Higher Education |

I give permission to the Adult Education program listed above to release my academic, attendance, and/or assessment information (including High School Equivalency Diploma Test Scores) to the following:

| Yes | No | Release To: |
|--------------------------|--------------------------|---------------------|
| <input type="checkbox"/> | <input type="checkbox"/> | Military Recruiters |
| <input type="checkbox"/> | <input type="checkbox"/> | Potential Employers |
| <input type="checkbox"/> | <input type="checkbox"/> | Parent/Guardian |
| <input type="checkbox"/> | <input type="checkbox"/> | Other: |

Student's Name Printed _____ Social Security Number: _____

Student's Signature: _____
Signature of Student Date

Parent's Signature _____
Signature of Parent (if student is under age 18) Date

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Lexington County School District One Adult Education
2020-2021

List two individuals to contact in case of an EMERGENCY:

- | | | | |
|----|------|---------------------|--------------|
| 1. | | | |
| | Name | Relationship to you | Phone Number |
| 2. | | | |
| | Name | Relationship to you | Phone Number |

List, if applicable, medical conditions and medications (include any directions):

If unable to contact relatives or neighbors in case of emergency, I give my permission to be transported by ambulance to a medical facility.

Student signature: _____ Date: _____