



Adult Basic Education Student Enrollment Data

HSE Day
 HSE Night
 ESL Day
 ESL Night
 Date Enrolled: ___/___/___

Last Name: _____ **First Name:** _____ **Middle Initial:** ___

Social Security#: _____ **Phone#:** _____ **Alt.#:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Date of Birth: ___/___/___ **Age:** ___ **Gender:** Male Female **Email:** _____

Program: Adult Education
 ESL/Civics
 Have you ever attended our program in the past? Yes No
 ABE
 HSE

Do you have a Facebook account? Yes No
 Can we communicate with you via Facebook ? Yes No

Please answer both the Ethnicity and the Race questions below

Ethnicity: *choose only one*

- No, Hispanic/Latino
- Yes, Hispanic/Latino

Race: *choose one or more*

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

Status on Entry:

- Employed — full time
- Employed — part time
- Unemployed — (*actively seeking employment*)
- Low income
- Not looking for work
- Unavailable for work
- Retired — (*not actively seeking employment*)
- Public assistance
- Homeless
- U.S. Veteran
- Dislocated Worker
- Displaced Homemaker
- Immigrant
- U.S. Citizen
- F1 Visa
- Disabled
- Learning Disability
- Parent or Guardian
- Single Parent

Schooling:

	U.S. Based	Non-U.S. Based
Did not attend school	<input type="checkbox"/>	<input type="checkbox"/>
Attended Grades 1–5	<input type="checkbox"/>	<input type="checkbox"/>
Attended Grades 6–8	<input type="checkbox"/>	<input type="checkbox"/>
Attended Grades 9–12	<input type="checkbox"/>	<input type="checkbox"/>
H.S Diploma or alternate credential TASC	<input type="checkbox"/>	<input type="checkbox"/>
Some College, no degree	<input type="checkbox"/>	<input type="checkbox"/>
College or Professional Degree	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>

Primary Program Goals:

- Enter Employment
- Retain Employment
- Obtain High School Equivalency degree
- Obtain secondary school diploma
- Enter post-secondary education
- Enter occupational skills training program

Primary Program Goal:

- Achieve Citizenship Skills
- Obtain Citizenship
- Register to vote
- Leave public assistance
- Increase involvement in your child's education
- Increase involvement in your children's literacy activities
- Increase involvement in your community

Staff use only:

Start Date: ___/___/___
 Location: _____
 Program: _____
 Initials: _____



Release of Information Form

I (*print name*) _____, authorize Rowan College of South Jersey to release my educational records, which include my name, social security number, student ID number, address and date of birth, to the New Jersey Department of Labor and Workforce Development, 1 John Fitch Way, Trenton, NJ and to the (*consortium lead agency*) which is our partner with the Department of Labor and Workforce Development for the administration of our educational programs.

I understand that the use of my records is limited to and in connection with the audit and evaluation of federally supported education programs, or in connection with the enforcement of the federal legal requirements related to the WIA Title II grant program.

My signature is an acknowledgement that I have read and voluntarily consent to the release of the above-mentioned information.

Signature: (Parent/Guardian if under 18)

Date

*Social Security Number **

**SSN is used for data matching purposes only.*



Certification of Non-enrollment in School for 16 to 21 Year Olds

Agency: _____

This form must be completed and presented at the time of registration in an adult education program.

If any information is misrepresented on this form, the State of New Jersey reserves the right to invalidate any program and deny further access to any adult program options.

PART A: To be completed by applicant (for 16 and 17 years olds Only — Parent/Guardian must sign)

First Name: _____ *Last Name:* _____ *Social Security Number:* _____

Number and Street: _____ *County:* _____ *ZIP Code:* _____

Telephone: _____ Birth Date: ____/____/____

Name of last New Jersey high school attended: _____

Address of last New Jersey high school attended: _____

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
(For 16 and 17-year olds)

PART B: To be completed by the Superintendent or High School Principal in the Public-School District of Residence.

I, the undersigned, do hereby certify that _____ is not on school rolls in this district.

Signature of Principal or Superintendent: _____ Date: _____

Title: _____ Telephone: _____

Place Raised School
Seal or Notary's
Signature Here



Adult Basic Education Program Student Information Form

Name: _____ Date: ____/____/____

Referred Form: *(check all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Work First New Jersey (WFNJ) | <input type="checkbox"/> NA <i>(non-applicable)</i> |
| <input type="checkbox"/> Gloucester County One Stop | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Division of Vocational Rehabilitation | |

Check Yes or No for each question:

- | | | |
|--|--------------------------------------|---|
| Are you registered to vote? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you a U.S. veteran? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a valid state driver's license? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have a library card? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you receive public assistance?
<i>(if yes, check all that apply)</i> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | <input type="checkbox"/> TANF | <input type="checkbox"/> General Assistance |
| | <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Medicaid |

Do you have barriers that would prevent you from completing this program, getting a job, or keeping a job?
i.e. childcare, transportation, etc. No Yes, please indicate type:

Career Interest: _____

College or Training Schools Attended:

Name of Institution	Dates Attended	Course	Degree/Certificate

Employment Information:

Please check the appropriate space and fill in information if employed:

- Yes, I am employed No, I am not employed

Company Name: _____

Address: _____

Telephone #: _____

Position: _____ Hours Per Week: ____ Start date: ____/____/____

Salary *(optional)*: _____

L-6 Authorization for Disclosure Of HSE/GED Documents and Information

NJ Department of Education
HSE Testing Unit
PO Box 500
Trenton, NJ 08625

I (We) hereby authorize the NJ Department of Education and the applicable HSE/GED user jurisdiction (collectively the "HSE/GED Testing Program") to provide copies of the documents, information, and/or records identified below to the following third party: Site/Name: Rowan College of South Jersey — Gloucester Campus

Address: 1400 Tanyard Road

City/State: Sewell, NJ Zip Code: 08080

The specific information, documents, and/or records that I am authorizing the NJ Department of Education; HSE/GED Testing Program to release are: (Please indicate the particular test and specific test date(s) for which materials are being requested.)

HSE/GED Testing records for individual identified below:

In requesting and authorizing disclosure of these documents, information, and/or records, I hereby agree to the following:

1. I understand and acknowledge the HSE/GED Testing Program's right to make an independent determination, at its sole discretion of whether the information and records identified above are subject to disclosure under the HSE/GED Testing Program's policies for disclosing information to third parties.
2. I hereby release the NJ Department of Education, the HSE/GED Testing Program, its employees, its attorneys, its governing bodies, and its agents from any and all liability and claims of every kind and character that are based upon or relate in any way to the disclosure of information in accordance with this authorization of any actions of the third party identified above.
3. I agree that this authorization is valid until such time as the NJ Department of Education; HSE/GED Testing Program has received written notice from me (or from me and my parent or guardian, if I am a minor) withdrawing permission to disclose the documents or information specified above to the third party identified above. In the event that permission is withdrawn, the NJ Department of Education; HSE/GED Testing Program shall nevertheless remain fully protected from any and all claims and liability relating in any way to information released by the NJ Department of Education; HSE/GED Testing Program prior to its receipt of the written withdrawal notice and to any actions of the third party.
4. I understand that, subject to its independent determination, the NJ Department of Education; HSE/GED Testing Program will disclose the designated material that it has at the time it receives my request. I also understand that in the absence of an additional request from me, the HSE/GED Testing Program will not provide information that becomes available at a later date.

I have read this authorization carefully and hereby acknowledge that I fully understand it. I further affirm that I am giving this authorization knowingly of my own free will.

Please print your name: _____

Signature of Candidate: _____

If you have previously taken the GED/HSE test under a different name, please indicate that name below:

Candidate's SSN/SIN: _____ Date of Birth: ____/____/____ Date: _____

Signature of Candidate's Parent or Guardian (if candidate is under 18 years of age)

_____ Date: _____

FORML6

Revised 07/10

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CERTIFICATE OF CONSENT TO PARTICIPATE FORM

High School Equivalency Testing



NEW JERSEY DEPARTMENT OF EDUCATION
 Division of Teacher and Leader Effectiveness
 Office of Certification/Induction/ High School Equivalency Testing, PO Box 500
 Trenton, New Jersey 08625-0500
 Phone: 609-777-1050
 Fax: 609-984-0573

Chris Christie
 Governor

Kimberley Harrington
 Acting Commissioner

Instructions: This form must be completed by any 16 and/or 17 year old individual who is currently not enrolled in a public/private high school and interested in taking the Adult Education Assessment. This form must be signed by a parent/guardian and presented to the Chief Examiner when registering for the Assessment. **Please be advised that this signed consent form will be provided to your current school district, if you want to take the High School Equivalency Assessment this is mandatory.** For any questions, contact the New Jersey Department at (609)777-1050 or adulted_info@doe.state.nj.us or visit www.state.nj.us/education/adulted.

PART A: ► TO BE COMPLETED BY APPLICANT

Current School District: _____

First Name _____ Middle Initial _____ Last Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip Code _____

Telephone: _____ Date of Birth: _____ Age: _____
Month Day Year

I certify the following: I am at least 16 years of age. I am not currently enrolled in school. I have not graduated from an accredited high school in the United States or Canada. I have not previously earned a State-issued high school diploma or earned scores sufficient to qualify for a high school equivalency certificate/diploma in any state (unless an exception is applicable). I certify that I am eligible to take the High School Equivalency Assessment and that the information provided is accurate. I understand that if the information is misrepresented, the Chief Examiner can refuse to administer the Tests. In addition, the New Jersey State Department of Education reserves the right to invalidate the Assessment scores if information is misrepresented.

Applicant's Signature: _____ Date: _____

Part B: ► TO BE COMPLETED BY PARENT OR GUARDIAN

I certify the following: The individual named above has my legal consent to waive his/her right to attend a local school. I have officially withdrawn this individual from the school of residence, day school or educational program and he or she cannot return to the public school system. I further consent to his/her participation in taking the High School Equivalency Tests. I understand that the New Jersey State Department of Education reserves the right to invalidate these Test scores if information submitted on this form is misrepresented. The signature below confirms the previous statements.

Parent/Legal Guardian's Signature: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of last school district: _____ Last school address: _____

Date of withdrawal from school: _____ School Tel #: _____ School Fax #: _____

School Email Address: _____



Adult Education Program Notification Sign-up

I _____ would like to sign up for text message and email alerts from the **RCSJ Adult Education Program**. You may opt out of this service at any time by notifying staff at 856-681- 6227.

Name: _____

Mobile Phone: _____ Email Address: _____

Signature: _____ Date: _____