



Cumberland Campus

Adult Basic Education Student Enrollment Data

Date enrolled: / / Cohort:

CWED: [] M,T,W,R 9 am - 12 noon [] M,T,W,R 1pm - 4pm
Alms Center: [] M,T,W,R 10 am - 1 pm Vineland Library: ABE [] M,T,W,R 4:30 pm - 7 pm
Salvation Army: ESL [] M,T,W,R 10 am - 1 pm Vineland Library: ESL [] M,T,W,R 10 am - 1 pm
Forest Lakes: ABE [] M,T,W,R 10 am - 1 pm

Last Name First Name Middle Initial

Social Security # Phone # Alt. #

Address City State Zip

Date of Birth: / / Age Email address:

Gender [] M [] F Emergency Contact:

Please answer both the Ethnicity and the Race questions below

Ethnicity: choose only one Race: choose one or more
[] No, Hispanic/Latino [] American Indian or Alaskan Native [] Native Hawaiian or Pacific Islander
[] Yes, Hispanic/Latino [] Black or African American [] Asian [] White

Status on Entry:

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

Schooling: U.S. Based Non-U.S. Based

Did not attend school [] []
Attended Grades 1-5 [] []
Attended Grades 6-8 [] []
Attended Grades 9-12 [] []

Did you ever attend any Adult Education Program before? [] Yes [] No If yes, where?

Did you ever take the HSE test? [] Yes [] No If yes, where?

Are you looking for the following after you receive your diploma? [] enter college [] career training [] get a job

How did you hear about our program?

Forms: (staff use only)

[] Check Proper ID
[] Certificate of Non-Enrollment (Ages 16-21)
[] Parental Consent (Under Age 18)

Assessment: (staff use only)

Appraisal:
Pre-TABE: Post-TABE:
Entered into LACES / / Initials:



ABE Prep Class Expectations

The primary purpose of the Adult Basic Education prep class is to prepare you to take the High School Equivalency (HSE) exam in order to earn your *New Jersey High School Diploma*. This takes **your time, dedication, and hard work** to be successful in this program.

While in the classroom you should always:

- ✓ Honor the rights of others in the classroom. Disruptive behavior will not be tolerated. Verbal or physical confrontations, foul language and inappropriate conversations will be grounds for **immediate dismissal** from the program.
- ✓ You must sign-in each class session and sign-out each class session; this includes your name, time of arrival and time of departure. This is your responsibility, not the responsibility of the teacher or other classmates. You must **not** be more than 15 minutes late to class, the instructor can refuse entry into the classroom.
- ✓ All cell phones and electronics must be silenced and put away before entering the classroom. **No use of cell phones or electronics during class. No food or drinks are allowed in the classroom!**
- ✓ Be aware of smoking areas during breaks. All smoking is in designated smoking areas only. Be aware of all emergency exits at each class location.
- ✓ You must commit to attend **4 days/evenings a week, 3 hours each class for a minimum of 12 hours a week. You must attend all class hours.** Only **3** excused absences are allowed. The first class session consists of completing paperwork and taking the Locator. Dates for the Pre-TABE and Post-TABE will be shown on your calendar. It's important that you attend all these pre-selected skill assessment dates.
- ✓ Prior to taking the High School Equivalency exam or to be able to participate in our graduation, we strongly suggest that a student **must:**
 1. Have completed class hours
 2. Taken the Pre-TABE and Post-TABE skill assessments and show a grade level improvement
 3. Email all scores from the HSE exam back to the Coordinator or college representative

I have read the above rules and regulations of the ABE Prep program and will abide by these rules. I understand that while I attend this educational program, these rules will apply to me at all times. I agree to be accountable for all my hours and assessments according to the above requirements.

Signature: _____ Date: _____



Release of Information Form

I, (print name) _____ authorize Rowan College of South Jersey ~ Cumberland Campus to release my educational records, which include my name, social security number, date of birth, address, scores, and attendance to the New Jersey Department of Labor and Workforce Development, 1 John Fitch Way, Trenton NJ and the (*consortium lead agency*) Salem County Vocational and Technical School, at 890 Route 45, Woodstown, NJ 08098, which is our partner with the Department of Labor and Workforce Development for the administration of our educational programs.

I also authorize the release of my educational records, which include my name, social security number, date of birth, address, scores, attendance and student ID number, to any other facility/program that I may be affiliated and/or associated with.

Please check all that apply:

Millville Housing Authority Vineland Housing Authority Bridgeton Housing Authority

Family Success Center: Gateway Holly City Forest Lakes Monarch

Food Stamps/SNAP

TANF

Welfare

Medicaid

Parole Officer's Name: _____

Parole Officer's Phone Number: _____

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

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

Student Signature _____ Date _____

(Parent/Guardian if under 17) _____

Social Security Number _____

*SSN is used for matching purposes only.

2019-2020 release of information form

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 — Cumberland Campus

Address: 3322 College Drive

City/State: Vineland, NJ

Zip Code: 08360

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: _____



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 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 856-200-4531.

Name: _____

Mobile Phone: _____ Email Address: _____

Signature: _____ Date: _____