

Adult Basic Education Student Enrollment Data

Date enrolled: / /		Cohort:		
CWED: \square M,T,W,R 9 am – 12 noon] M,T,W,R	1pm - 4pm		
Alms Center: \square M,T,W,R 10 am – 1 pm			-	M,T,W,R 4:30 pm – 7 pm
Salvation Army: ESL M,T,W,R 10 am	•	Vineland Libra	ry: ESL	\square M,T,W,R 10 am – 1 pm
Forest Lakes: ABE \square M,T,W,R 10 am – \square	l pm			
Last Name	First Nan	ne		Middle Initial
Social Security #	Phone #		Al	t. #
Address	City		_ State _	Zip
Date of Birth:/ Age		Email address: _		
Gender M F Emergency Contac	et:			
Please answer both the Ethnicity and the F	Race quest	ions below		
Ethnicity: choose only one Race: choos	-			
		Alaskan Native	Nativ	ve Hawaiian or Pacific Islander
Yes, Hispanic/Latino Black or	African Ar	merican	Asia	n White
Status on Entry:				
Employed — full time		mmigrant		U.S. Veteran
Employed — part time		J.S. Citizen		Low Income
Unemployed — (actively seeking employment	nt)	71 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	I	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 Prog	gram before	e? Yes No	If yes, w	vhere?
Did you ever take the HSE test? Yes]No If y	es, where?		
Are you looking for the following after you rec	ceive your	diploma? enter c	ollege [career training get a job
How did you hear about our program?				
Forms: (staff use only)		Assessment: (staff	use only))
Check Proper ID		Appraisal:		
Certificate of Non-Enrollment (Ages 16-2	1)	Pre-TABE:		Post-TABE:
Parental Consent (Under Age 18)				/ 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 (<i>consortium lead agency</i>) 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.
Cturlant Cianatura
Student SignatureDate
(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: <u>08360</u>	

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 myrequest. 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 i	indicate that name below:
Candidate's SSN/SIN: <i>Date of Birth</i> :/	Date:
Signature of Candidate's Parent or Guardian (if candidate is under 18 years of age)	
	Date:
FORML6	Revised 07/10

Cumberland Campus • 3322 College Drive, Vineland, NJ 08360 • 856-691-8600 • RCSJ.edu



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

sented at the time of	registration in an adult education program.
	e of New Jersey reserves the right dult program options.
cant (for 16 and 17 ye	ears olds Only — Parent/Guardian must sign)
Last Name:	Social Security Number:
County:	ZIP Code:
	Birth Date://
	Date:
	Date:
perintendent or Hig	gh School Principal in the Public-School
nat	is not on school rolls in this district.
ent:	Date:
	Telephone:
	sented at the time of on this form, the State of the result of the state of the sta

Signature Here

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

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.

Kimberley Harrington

First Name	Middle Initial		Last Nam	ie		Social Security Numbe
Address		City	<i>y</i>		State	Zip Code
Telephone:		Date of Birth:		Day	Year	Age:
eligible to take the High School	•	ent and that the	e informatio	n provid	ed is accurat	e. I understand that if the
Department of Education reser	ves the right to invalid	ate the Assessn	nent scores	if inform	ation is misre	*
Department of Education reser	ves the right to invalid	ate the Assessn	nent scores	if inform	ation is misre	epresented.
Department of Education reservable. Applicant's Signature: Part B: TO BE COMPLETED B I certify the following: The individual from the school of resider to his/her participation in taking the	Y PARENT OR GUARDLE all named above has my lence, day school or education of High School Equivalency	AN egal consent to way onal program and Tests. I understa	nent scores aive his/her r d he or she ca	if information in the second s	ation is misre nd a local scho n to the public State Departn	epresented. Date: Ol. I have officially withdrawn t school system. I further consennent of Education reserves the
Department of Education reservable. Applicant's Signature: Part B: TO BE COMPLETED B I certify the following: The individual individual from the school of resider to his/her participation in taking the right to invalidate these Test scores in the school of the school of the right to invalidate these Test scores in the school of the s	Y PARENT OR GUARDLE all named above has my lence, day school or education High School Equivalency if information submitted of	AN egal consent to was onal program and rests. I understa	nent scores nive his/her r d he or she ca and that the l srepresented	if information if information in the signal	nd a local scho n to the public State Departn ture below con	ol. I have officially withdrawn t school system. I further consenuent of Education reserves the offirms the previous statements.
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Department of Education reserved. Applicant's Signature: Part B: > TO BE COMPLETED B I certify the following: The individual individual from the school of resident to his/her participation in taking the right to invalidate these Test scores in the participation in taking the right to invalidate these Test scores in the participation in taking the right to invalidate these Test scores in the participation in taking the participation in taking the right to invalidate these Test scores in the participation in taking the particip	Y PARENT OR GUARDLE all named above has my le nce, day school or education High School Equivalency if information submitted of	ate the Assessn AN egal consent to wa onal program and Tests. I understa on this form is mi	nent scores aive his/her r d he or she ca and that the b srepresented	if information if information in the signal	nd a local scho n to the public State Departn ture below con Date: Phone	Date: Ol. I have officially withdrawn to school system. I further consenuent of Education reserves the offirms the previous statements.
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Adult Education Program Notification Sign-up

I	would like to sign up for text message and email alerts from	
the RCSJ Adult Education staff at 856-200-4531.	Program. You may opt out of this service at any time by notifying	
Name:		
Mobile Phone:	Email Address:	
Signature:	Date:	