

ADULT STUDENT REGISTRATION FORM
 Rappahanock Area Regional Adult Education
 6713 Smith Station Road - Spotsylvania, VA 22553

RELEASE OF INFORMATION

By participating in this local, state, and federally sponsored Adult Education program, I agree to the release of my information, including social security number, if provided, to the Virginia Department of Education (VDOE). **Required information for learner participation is indicated with an asterisk (*).** This information may be used for research and analysis purposes during this year or future years. VDOE and the local program provide security for this information. Unless otherwise noted, only VDOE or the local program will have exclusive access to this information.

Signature _____ Date _____

DEMOGRAPHIC INFORMATION (PLEASE PRINT CLEARLY)

REGISTRATION DATE* _____ Social Security Number _____

DATE OF BIRTH* _____

RELEASED FROM COMPULSORY ATTENDANCE*
 (Required for anyone under 18 – official documentation must be provided)

LAST NAME* _____

FIRST NAME* _____

MIDDLE NAME/INITIAL _____

Address _____

Address _____

Apt. # _____

City/County _____

State _____

ZIP CODE* _____

AREA (Check One)* Rural Urban

Home Phone _____

Work Phone _____

Other Phone _____

Email Address _____

LAST GRADE COMPLETED* _____

Country of Origin _____

How did you hear about the program? _____

GENDER (Check One)*

- Female
 Male

RACE & ETHNICITY (Answer Both Questions)*

Are you Hispanic?

- Yes No

Check all races that apply.

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

EMPLOYMENT STATUS (Check One)*

- Employed
 Unemployed (in labor force)
 Unemployed (not in labor force)

CURRENT STATUS (Check All that Apply)

- Community Correction Program
 Correctional Facility
 Disabled
 Homeless
 On Public Assistance
 Low Income Status
 Displaced Homemaker
 Single-parent Status
 Dislocated Worker
 Learning Disabled Adult

DOE AND LOCAL USE ONLY

STUDENT NO. _____

STUDENT EXIT DATE _____

PROGRAM TYPE:

- Distance Learning EL/Civics Family Literacy Fast Track GED
 GAE Workplace Literacy
 Other Institutional Setting

PAYMENT INFORMATION (If Applicable)

DATE	AMOUNT	TYPE	NUMBER

TYPE: 1 – CASH; 2 – CHECK; 3 – CREDIT CARD;
 4 – MONEY ORDER; 5 – OTHER

Student Name _____ Class Code _____
 (Last) (First)

Registration Date: _____ Fee Paid: _____ Receipt # _____

Class Assignment (please circle) Type: GED ABE/GED ESOL ABE/ESOL Other _____

Time: AM or PM Week Day(s): _____ Location: _____

ASSESSMENT INFORMATION

Pre-Test Scores:

BEST Plus: Computer # _____ Scaled score _____ SPL _____ Date: _____ Assessor _____

TABE Locator: Reading score ___/___ Level E M D A Date: _____ Assessor _____

Lang. score ___/___ Level E M D A

Math score ___/___ Level E M D A

TABE Battery: Form: ___ 9 ___ 9 Survey Level E M D A

Subject: Reading Scaled Score _____ GLE _____ Date: _____ Assessor _____

Language Scaled Score _____ GLE _____ Date: _____ Assessor _____

Math Scaled Score _____ GLE _____ Date: _____ Assessor _____

Post-Test Scores:

BEST Plus: Computer # _____ Scaled score _____ SPL _____ Date: _____ Assessor _____

TABE Battery: Form: ___ 10 ___ 10 Survey Level E M D A

Subject: Reading Scaled Score _____ GLE _____ Date: _____ Assessor _____

Language Scaled Score _____ GLE _____ Date: _____ Assessor _____

Math Scaled Score _____ GLE _____ Date: _____ Assessor _____

FINAL EXIT INFORMATION

Total number of hours of attendance: _____ Exit Date: _____

Did student separate before completing goal? Yes No

Reason for separation _____

Did student complete GED Test? Date taken: _____ Total Score _____