

**Re:Start-The Center for Adult Education  
New Student Registration**

Rvd. 1.25.12

**Cmats ID #** \_\_\_\_\_

**SS#** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Name: Last:** \_\_\_\_\_ **First:** \_\_\_\_\_ **M/I:** \_\_\_\_\_

**BirthDay:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_ **Age** \_\_\_\_\_ **Gender:** Male / Female **Veteran:** YES / NO

**Address: Street:** \_\_\_\_\_ **City:** \_\_\_\_\_

**State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_ **County:** \_\_\_\_\_ **Phone Number:** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Emergency Contact Information**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

**Marital Status:** S M D W **Number of Dependents Under:18** \_\_\_\_\_ **Highest School Grade Completed:** \_\_\_\_\_

**How did you learn about Re:Start?** \_\_\_\_\_

**Have you been enrolled in GED classes before:** YES / NO If Yes, what location \_\_\_\_\_

**Hispanic/Latino:** \_\_\_\_\_ Not Hispanic/Latin  
 \_\_\_\_\_ Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race)

<b>Race:</b>	<b>Public Assistance:</b> (Mark all that apply)	<b>Student is:</b>	<b>Other:</b>
<input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian <input type="checkbox"/> Black or African American <input type="checkbox"/> White  <b>CHOOSE All That Apply</b>	<input type="checkbox"/> Food Stamps <input type="checkbox"/> Family First Assistance <input type="checkbox"/> Refugee Assistance <input type="checkbox"/> Old Age Assistance <input type="checkbox"/> Aid to the Blind <input type="checkbox"/> SSI / SSDI <input type="checkbox"/> Low Income <input type="checkbox"/> Other  <input type="checkbox"/> NONE	<input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single Parent <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> In a Correctional Facility <input type="checkbox"/> Homeless <input type="checkbox"/> An Immigrant <input type="checkbox"/> In other Institutional Settings <input type="checkbox"/> In a Community Correctional Program <input type="checkbox"/> NONE OF THE ABOVE  <b>Employment Status</b>  <input type="checkbox"/> Employed: Company: _____ <input type="checkbox"/> Unemployed (seeking employment) <input type="checkbox"/> Not in Labor Force (not seeking employment)	Lives in a rural area: (less than 2500 people) YES / NO  Has Documented Learning Disability: YES / NO If Yes what _____  Has Other Documented Disability: YES / No If Yes what _____

**REQUIRED- CHECK ALL GOALS THAT APPLY:**  
 Obtain GED®  
 Enter Employment  
 Retain Employment  
 Enter Post-secondary education or job training  
 None of the Above (NO NRS 5 Goal Appropriate)

**OPTIONAL- CHECK ALL GOALS THAT APPLY:**  
 Increase Involvement in Children's Education  
 Increase Involvement in Children's Literacy Activities  
 Increase Involvement in Community Activities  
 Leave public Assistance  
 Obtain Citizenship Skills  
 Register to Vote or Vote

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I understand that Adult Education (AE) classes are voluntary and are comprised of adults who want to learn. Any disruption in this learning environment is considered a violation and could result in termination of services.

**Student Initials** \_\_\_\_\_

If I am aware of any diagnosed physical/chronic health, learning, or other disability, ADD/ADHD, or emotional/ mental health disorder that may require special accommodations for testing, I will share any concerns or learning disabilities with Re:Start – The Center for Adult Education so that they may better meet my educational needs.

**Student Initials** \_\_\_\_\_

It is the policy of the Division of Adult Education to treat all students fairly and consistently. Therefore, all students who are eligible for Adult Education services under the Workforce Investment Act, Title II, will enroll and be served according to the identified needs of the local community in which the Adult Education program operates. Since Adult Education is a voluntary program whose primary function is to serve adults, no information concerning enrollment or attendance will be shared outside with any outside agency or individual unless approved in advance by me. I will complete the appropriate paperwork for Re:Start-The Center for Adult Education to share this information at my request.

**Student Initials** \_\_\_\_\_

I am age 18 or older and am not currently enrolled with the Hamilton County Department of Education.

**Student Initials** \_\_\_\_\_

I have read the above and the Re:Start –The Center for Adult Education Staff has answered my questions.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_