

STUDENT INFORMATION				
First Name		M.I.	Last Name	
Date of Birth:	Age	Gender	SSN:	Today's Date:
Main Phone:		Mailing Address:		
Cell Phone:				
Email:		Physical Address: (if different from Mailing Address)		

Race- Check all that apply

Unknown Not Provided

American Indian/ Alaska Native

Asian

Black or African American

Native Hawaiian/ Other Pacific Islander

White

Other Info.

	YES	NO
Alaska Resident	<input type="radio"/>	<input type="radio"/>
Hispanic or Latino	<input type="radio"/>	<input type="radio"/>
Veteran	<input type="radio"/>	<input type="radio"/>
Individual with a disability	<input type="radio"/>	<input type="radio"/>

ENROLLMENT INFORMATION- Check all that apply

Highest Degree or Level of School Completed

No schooling

Grades 1-5

Grades 6-8

Grades 9-12 (no diploma)

High School Diploma

GED or alternative equivalency diploma

Some postsecondary, no degree

Attained a postsecondary certificate, license (no degree)

Attained an Associate's degree (AA/AAS)

Attained a Bachelor's Degree (BA/BS)

Attained a Master's Degree (MA/MS)

Attained a Doctoral Degree (Ph.D)

Unknown

Additional Info. – Check all that Apply

On Public Assistance

Displaced Homemaker

Low Income

Single Parent

Ex-Offender

In Foster Care or Aged Out of System

Exhausting TANF within Two Years

Homeless Adult or Youth; or Runaway Youth

Migrant and Seasonal Farmworker

Where did you complete your highest level of school?

Went to highest level of school in US

Went to highest level of school outside of US

Student Goals

	YES	NO
Obtain a Job	<input type="radio"/>	<input type="radio"/>
Retain Current Job	<input type="radio"/>	<input type="radio"/>
Improve Current Employment	<input type="radio"/>	<input type="radio"/>
Increase Educational Skills	<input type="radio"/>	<input type="radio"/>
Earn a GED or High School Diploma	<input type="radio"/>	<input type="radio"/>
Enter Postsecondary Education or Job Training	<input type="radio"/>	<input type="radio"/>



State of Alaska Adult Education Program

Employment-Status at enrollment	YES	NO		YES	NO
Employed	<input type="radio"/>	<input type="radio"/>	Unemployed	<input type="radio"/>	<input type="radio"/>
Employed but received notice of termination	<input type="radio"/>	<input type="radio"/>	Available for work	<input type="radio"/>	<input type="radio"/>
Employed but military separation is pending	<input type="radio"/>	<input type="radio"/>	Making specific efforts to find job	<input type="radio"/>	<input type="radio"/>
			Unemployed for 27 or more consecutive weeks	<input type="radio"/>	<input type="radio"/>

Institutional Programs – Are you currently living in any of the following:

Correctional Facility	<input type="radio"/>	<input type="radio"/>	Other Institutional Setting	<input type="radio"/>	<input type="radio"/>
Community Correctional Program	<input type="radio"/>	<input type="radio"/>			

Applicant Certification:

By my signature below I affirm the below listed certifications and media release information:

1. I certify to the best of my knowledge that the information in this application is accurate and true.
2. I agree to allow information from this form to be used for statistical and follow-up purposes.
3. I understand that the information on this form will be entered into a Statewide AK Adult Ed Database that is a restricted-use database.
4. I understand that my name will never be used in any report and that all data will be kept strictly confidential.

Media Release: I DO ___ DO NOT ___, grant the **State of Alaska** and all its administrative subdivisions the irrevocable right to use my likeness, comments, or personal story or all in media presentations. This may be reproduced and publicly distributed in media such as in photographs, videos, advertisements, and newspaper and magazine articles for public information, marketing, or policy discussions. I waive any right that I may have to inspect and approve the image or commentary that may be used. I release the State of Alaska and its administrative subdivisions from any claim(s) for compensation associated with the use of these images and/or commentaries.

Student Signature: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____
 (If student is under age 18)

Teacher/Director’s Signature: _____ **Date:** _____

Adult Ed Program Staff: Looked for student in AK Adult Ed Database Looked for student in GED Database
 Date: _____ Initials _____

USES & DISCLOSURE -Registration information is routinely reported to the Federal Departments of Education and Labor or to a Member of Congress or staff in response to your request for assistance when needed to further the implementation and operation of this program. Furnishing your social security number is voluntary. If you provide this, the Division will not release it to other parties without written consent.

Optional Information: All information will be held to strict Confidentiality.

Do you live with your parents? Y N Are you married? Y N Do you live with your partner? Y N
Do you have any children? If so, what are their names and ages?

Do you have reliable childcare? Y N
Do you have a valid State of Alaska ID? Y N Expiration date: _____
Do you have a valid Tribal ID? Y N Expiration date: _____
Do you have a valid Alaska Driver's License? Y N Expiration date: _____
If no, is there any reason why you can't get your driver's license? Do you have reliable transportation? Y N

Are you registered to vote in Alaska? Y N If not, would you like to register to vote? Y N
Are there any barriers preventing you from getting your GED? Please explain your barriers. Your explanations will help us identify what resources we can help you with. (Barriers examples: transportation, childcare, working full time, addiction to alcohol or drugs, responsibilities at home.)

What date would you like to earn your GED by? _____ Do you have the ability to study 6-12 hours a week? Y N
Do you have a quiet place to study with no distractions? Y N If yes, where is your "study place"? _____
What subjects did you enjoy the most in school? Please explain: _____

Can you please explain why you decided not to obtain your high school diploma? _____

What are your short term goals (1-3 years for now)? _____

In the future, are you planning on living in your current community? Y N
If not, where would you like to live? _____

How would you rate your computer skills?

- I don't have any
- Low (I can turn on a computer, finger typing, limited experience)
- Moderate (I can type 10-30 words per minute, I am slow to navigate the web, but I know what I am doing.)
- High (I can type 30 words or more per minute, I am competent on the computer and I know how to use several programs.)

Do you have a home computer? Y N
Do you have access to a computer? Y N
Do you have access to the internet? Y N

THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT
(FERPA)

The Family Educational Rights and Privacy Act of 1974, as amended, is a Federal law which states:

- (a) that a written institutional policy must be established and
- (b) that a statement of adopted procedures covering the privacy rights of students be made available

The law provides that the institution will maintain the confidentiality of student education records.

I have been informed of and understand my rights under FERPA. I am aware that the complete policy is available for me to read.

Student Name (Printed)

Student Signature

Date



AE PHOTO/MEDIA RELEASE

PRINTED NAME

PARENT/LEGAL GUARDIAN NAME (when applicable)

ADDRESS

CITY

STATE

ZIPCODE

EMAIL ADDRESS

PHONE NUMBER

I give Iḷisaġvik College permission to photograph me and to use the photographs in its print and electronic publications, and its media outreach. I agree that the photographs, including negatives, slides, prints, video or any other presentations of the images, or any audio recordings are the property of Iḷisaġvik College. I waive any right I may have to inspect and/ or approve the finished product in which the images may be utilized. By signing this form, I intend to release and discharge Iḷisaġvik College from any and all claims that I may have, and to agree to hold harmless and to defend Iḷisaġvik College from liability arising from claims or litigation arising from its photographing me. Iḷisaġvik College maintains audio, video, and photo files of students, events and Iḷisaġvik College activities.

Signature of Student

Date

Signature of Parent/Legal Guardian (when applicable)

Date