

**DIXIE COUNTY ADULT EDUCATION
STUDENT DATA SUMMARY FORM
REQUIRED STUDENT INFORMATION**

Date Form Completed:

Last Name: _____ First Name: _____ Middle Name: _____

Maiden Name: _____ Student Email: _____

Social Security #: _____ Date of Birth: _____

Address: _____

Street or PO Box

City: _____ State: _____ ZIP Code: _____ County: _____

Phone: _____ Alt Phone: _____

Gender: Male Female

Ethnicity: Latino or Hispanic Origin

Race—Select all that apply:

American Indian or Alaskan Native Asian Black or African America

Native Hawaiian or other Pacific Islander White

Highest School Grade Completed (Select One):

No school grades completed

Completed some college, but did not earn a certificate or degree

Completed at least part of 1st through 11th grade

Earned a Career Certificate

Highest Grade Completed _____

Earned and Associate of Applied Science degree

Completed the 12th grade, but did not attain a Diploma or equivalency

Earned an Associate of Science degree

Earned a high school diploma

Earned an Associate of Arts degree

Earned a high school equivalency

Earned a Bachelor's degree

Have a disability and attained a high school certificate of Attendance/completion from completing and Individual Education Plan (IEP)

Attained beyond a Bachelor's degree

Where this level was achieved: U.S. based school Not U.S. based school

Employment Status: (Select one—To be Complete upon entry for each term/semester):

- Employed
 - Employed but with Notice of Termination or in transition out of military service
 - Not in labor force (incarcerated or not eligible for employment)
 - Not Employed (looking and eligible for employment)
-

Background (Select all that apply—To be completed upon entry for each term/semester):

- Disabled
- On Public Assistance
- Living in Rural Area
- Youth in Foster Care
- Single Parent
- Single Pregnant Woman
- Perceived employment barriers
- Previously or currently subject to any stage of the criminal justice process
- Low-income individual (or their dependent) employed primarily in farming currently unemployed or finding difficulty obtaining work for 12 months out of the last two years
- Migrant or seasonal farmworker (or their dependent)
- Homeless without a fixed, regular nighttime residence
- Homeless but staying in non-traditional housing (ex. Park, abandon building, or bus station)
- Child of migrants who have changed school districts in the last 3 years due to parents' seasonal employment
- Previously unemployed or underemployed while caring for home and family (unpaid)
- Previously supported by public assistance or family, and now unemployed or underemployed
- Parent of a child within two years of no longer receiving TANF (formerly AFDC)
- Unemployed dependent spouse of a member of the Armed Forces on active duty

Emergency Contact Information

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

The student is to complete the following affidavit

I hereby certify that the information on this application is accurate to the best of my knowledge. The undersigned hereby acknowledge and fully recognizes that this document does not constitute a contract and that the sole and exclusive remedy is withdrawal of the student from the program. The undersigned voluntarily and knowingly releases and agrees to save the School Board harmless from liability. In contract or tort or otherwise, for any and all injuries arising out of any actions by other students, other individuals, or employees of the School Board, except for certain tortuous acts of the School Board's agent, officers, and employees to the extent and limit provided in section 768.28, Florida Statutes, the State of Florida's partial waiver of sovereign immunity. This provision is not to be construed as a waiver of any right of defense that the Board may possess.

Student Signature: _____

Date: _____

Teacher Signature: _____

Date: _____

This Section to be Completed by Adult Education Agency

Enrollment Date: _____

Separation Date: _____

Sign Release of Information on File: Yes NO

Program Enrollment Type—(Select all that apply)

ABE GED

Assessment—Pretest within first 12 hours of instruction

Assessment Name: _____ **Date:** _____

	Form	Level	Scale Score
Reading			
Math			
Language			

Class Information

New Class Returning Student

Class Site

OTEC Cross City Both

COURSE NUMBER & COURSE LEVEL

ABE

_____ 9900001M
___ Level B (0.1-1.9)
___ Level F (2.0-3.9)
___ Level H (4.0-5.9)
___ Level J (6.0-8.9)

_____ 9900002R
___ Level B (0.1-1.9)
___ Level F (2.0-3.9)
___ Level H (4.0-5.9)
___ Level J (6.0-8.9)

_____ 9900003L
___ Level B (0.1-1.9)
___ Level F (2.0-3.9)
___ Level H (4.0-5.9)
___ Level J (6.0-8.9)

COURSE NUMBER & COURSE LEVEL

GED

_____ 9900131--LA
___ Level K (9.0-10.9)
___ Level L (11.0-12.9)

_____ 9900132--SS
___ Level K (9.0-10.9)
___ Level L (11.0-12.9)

_____ 9900133-S
___ Level K (9.0-10.9)
___ Level L (11.0-12.9)

_____ 9900134-M
___ Level K (9.0-10.9)
___ Level L (11.0-12.9)

_____ 9900135-GED Comprehensive

