

**Cleveland Heights-University Heights
STUDENT REGISTRATION
FORM
SFY 2012 (2011 - 2012)**

Date form is completed: _____/_____/_____

Social Security #: _____ - _____ - _____

For office use only: Site: _____

ABLE staff: _____

Primary class: _____

Name: _____
Last
First
M.I.
Maiden or other former name

Address: _____ Apt.#: _____ Telephone: Home: (_____) _____ - _____

City: _____ State: _____ Zip: _____ County: _____ Work: (_____) _____ - _____

Age: _____ Date of Birth: _____ Place of Birth: _____ Email: _____
Month
Day
Year
City
State
Country

Emergency information: Contact person: _____ Phone: _____ Allergies or conditions we should know about: _____

1. Gender: Male Female

2a. Are you Hispanic/Latino?
 Yes, Hispanic or Latino
 No, not Hispanic or Latino

2b. What is your race?
MARK ALL THAT APPLY.
 American Indian or Alaska Native
 Asian
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White

3. Are you a U.S. citizen? Yes No
 If no, do you have an F-1 Visa? Yes No

4. Are you a U.S. veteran? Yes No

5. Are you registered to vote? Yes No

6. Do you need special accommodations for a learning, ADD, ADHD, or physical disability?
 Yes No

7. Do you have:
 a driver's license? Yes No
 a library card? Yes No
 reliable transportation? Yes No
 reliable child care? Yes No N/A

8. Did you pass the Ohio 9th grade proficiency test or Ohio Graduation Test?
 Yes, all of the sections
 Some of the sections. Specify _____
 No _____
 N/A _____

9. Number of children under 18 living in your home: _____

10. Are you a single custodial parent? Yes No

11. Do you receive public assistance? Yes No
 If yes, mark all types that apply:
 TANF
 Food stamps only
 Subsidized housing
 Medicaid #: _____
 Other (Specify: _____)

12. Employment Status: **MARK ONLY ONE.**
 Employed, full-time
 Employed, part-time
 Not employed, but looking for a job
 Not employed, not looking for a job
 Retired

13. Education:
Last full grade completed: _____
MARK ALL THAT APPLY.
 High school/GED graduate or equivalent in country of origin
 Attended college/university/trade school
 Graduated from college/university/trade school
 Other (Specify: _____)
 Name and location of last school attended:

14. What is your primary goal for coming to this program? _____

15. **(Optional)** What is your secondary goal for coming to this program?



Name: _____

SS#: _____ - _____ - _____

GED Application # _____ - _____ - _____

A. General (Required of all students)

16. How did you find out about this program?

MARK ALL THAT APPLY.

- Employer
- Family member
- Friend
- I attended before
- Newspaper ad
- GED on TV Estimated _____ hours viewed
- Television/Radio ad
- Brochure/Flyer
- Department of Job and Family Services
- One-Stop System
- Internet
- Other (Specify: _____)

21. What languages do you speak?

22. Have you studied English before?

- Yes How long? _____
- No

23. Are you here to improve:

- speaking
- writing
- reading
- listening
- knowledge of American culture

24. Are you here to prepare for the U.S. Citizenship Test? Yes No

STAFF USE ONLY

Comprehensive Adult Student Assessment System (CASAS) results:

Reading Appraisal Date : ____/____/____

Reading: Scale Score _____

Assessment Date ____/____/____

Test Type	Level	Form No.	Scale Score
Reading	<input type="radio"/> Beginning literacy <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D		

B. English for Speakers of Other Languages (ESOL) (Required of ESOL students)

18. Date when you entered the country: ____/____/____

19. Do you plan to stay in the US permanently? Yes No How long? _____

20. What is your native language?

STAFF USE ONLY

Basic English Test (BEST) results:

Test Date: ____/____/____

Test Type	Test Form	Scale Score
BEST Plus	<input type="radio"/> Computer	

TABE CLAS-E results:

Date: ____/____/____

Test Type	Locator	Form	Scale Score
Writing			

Test of Adult Basic Education (TABE) results:

Locator Test Date: ____/____/____

Reading _____ Math _____ Language _____

Test Type: Battery Survey Form: 9 10

Subject	Level	Scale Score
Reading		
Math Computation		
Applied Math		
<i>Total Math</i>		
Language		

STAFF USE ONLY FOR INITIAL PLACEMENT RESULTS

MARK ALL THAT APPLY. * Student status

- Disabled
- Displaced homemaker
- Migrant farm worker
- Rural** resident
- Dislocated worker
- Homeless

Type of program where student is placed (if applicable)

- Workplace Literacy
- Institutionalized settings
- Jail
- Homeless program
- Distance education
- Technical Certificate pilot
- Family Literacy
- Corrections facility
- Community corrections
- EL/Civics
- STAR Project
- Transitions program

Student signed FY 2012 ABE Release of Information Form? Yes No

PLACEMENT LEVEL

Mark the ABE level:

- Beginning ABE Literacy
- High Intermediate
- Beginning Basic Education
- Low Adult Secondary
- Low Intermediate
- High Adult Secondary

Mark the ESOL level:

- Beginning ESOL Literacy
- Low Intermediate ESOL
- Low Beginning ESOL
- High Intermediate ESOL
- High Beginning ESOL
- Advanced ESOL

*See definitions in the O-PAS manual for clarification of categories ** Defined by NRS as places of less than 2,500 inhabitants and outside urbanized areas