



Arizona Adult Education Participant Registration

Eligibility for Services

A.R.S. §15-232(B) states that “The Department of Education shall provide classes under this section only to adults who are citizens or legal residents of the United States or are otherwise lawfully present in the United States. This subsection shall be enforced without regard to race, religion, gender, ethnicity or national origin.”

Please mark only one eligibility option. If you are not sure about your eligibility, please consult program staff.

I am a **citizen** of the United States of America.

I am a **legal resident** of the United States of America.

I am **lawfully present** in the United States of America for another reason.

None of the above

I affirm under penalty of perjury that I am a citizen of the United States, a legal resident of the United States, or otherwise lawfully present in the United States. Should my status change, I understand that it is my responsibility to withdraw from classes until such a time that I am again lawfully present in the United States.

Printed Name as it appears on Identification presented* _____

Participant Signature* _____ Date _____
MM DD YYYY

Printed Name of Staff member witnessing Signature* _____

Witness Signature* _____ Date _____
MM DD YYYY

*denotes required field (PY 22-23 Rev 7/1/2022)

Arizona Adult Education Participant Registration

Today's Date (Enrollment Date)* _____
MM DD YYYY

Program Type*: **Adult Basic Education** **English Language Instruction**

Arizona@Work Test Date _____
MM DD YYYY

(Only applicable if workforce test date is prior to today's date and will replace enrollment date from above)

NOTE: Arizona@Work staff must be trained by ADE/AES for tests to be considered valid for adult education purposes.)

Has participant previously attended
Adult Education classes?

Yes No

PARTICIPANT NAME*

Enter the participant's **LEGAL NAME** as it appears on the presented identification.

FIRST NAME* _____ MIDDLE NAME _____

LAST NAME* _____ PREFERRED NAME/NICKNAME _____

DATE OF BIRTH* _____
MM DD YYYY

GENDER/SEX* (Required for Federal Reporting) Female Male

GENDER IDENTITY:

With which of the following gender identities do you most identify?

Female Male Non-binary gender/non-conforming Prefer not to answer

PREFERRED PRONOUNS:

With which of the following gender pronouns do you most identify?

she, her, hers he, him, his they, them, theirs other

MAILING ADDRESS*

Participant's full street address, including apartment number or "care of" (c/o) information. Please use abbreviations to make sure the information fits.

STREET ADDRESS, PO BOX, FPO, APO* _____

CITY* _____ STATE* _____ COUNTY* _____ ZIP CODE* _____

PHONE NUMBERS* **Primary Contact*** _____ Emergency Contact _____

EMAIL* _____

Do you have internet access? **Yes** **No** Which devices do you own? **smartphone** **tablet** **laptop** **other**

PARTICIPANT SOCIAL SECURITY NUMBER

The US Department of Education requires that we report on the following demographic information:

ETHNICITY* Are you Hispanic/Latino? (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

Choose only **ONE**: **YES**, Hispanic/Latino **NO**, not Hispanic/Latino

RACE* Please choose the best answer(s) from the choices below. If left unmarked, the program will choose for participant.

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

NATIVE LANGUAGE*

English	Spanish	French
Cambodian	German	Somali
Chinese	Korean	Other

Do any of the following situations apply?* (Mark Yes or No to each question)

Displaced Homemaker (The participant has been providing unpaid services to family members in the home and (a) has been dependent on the income of another family member but is no longer supported by that income; (b) is the dependent spouse of a member of the armed forces on active duty whose family income is significantly reduced because of (i) a deployment or a call or order to active duty pursuant to a provision of law, (ii) a permanent change of station, or (iii) the service-connected death or disability of the member; and (c) is unemployed or under-employed and is experiencing difficulty in obtaining or upgrading employment.)	Yes	No
Long-term Unemployed (The participant has been unemployed for 27 or more consecutive weeks)	Yes	No
Cultural Barrier (A perception of him- or herself as possessing attitudes, beliefs, customs, or practices that influence a way of thinking, acting, or working that may serve as a hindrance to employment)	Yes	No
Low Income (The participant (a) receives, or in the 6 months prior to application to the program has received, or is a member of a family that is receiving in the past 6 months assistance through the Supplemental Nutrition Assistance Program (SNAP), the TANF program, the Supplemental Security Income (SSI) program, or State or local income-based public assistance; (b) is in a family with total family income that does not exceed the higher of the poverty line or 70% of the lower living standard income level; (c) is a youth who receives, or is eligible to receive, a free or reduced-price lunch; (d) is a foster child on behalf of whom State or local government payments are made; (e) is a participant with a disability whose own income is the poverty line but who is a member of a family whose income does not meet this requirement; (f) is a homeless participant or homeless child or youth or runaway youth; or (g) is a youth living in a high-poverty area.)	Yes	No

*denotes required field (PY 22-23 Rev 7/1/2022)

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Ex-Offender (The participant is a person who either (a) has been subject to any stage of the criminal justice process for committing a status offense or delinquent act, or (b) requires assistance in overcoming barriers to employment resulting from a record of arrest or conviction)	Yes	No
Migrant and Seasonal Farmworker (The participant is a low-income individual who for 12 consecutive months out of the 24 months prior to application for the program involved has been primarily employed in agriculture or fish farming labor that is characterized by chronic unemployment or underemployment and faces multiple barriers to economic self-sufficiency.)	Seasonal	Migrant & Seasonal No
Homeless/Runaway Youth (The participant lacks a fixed, regular, and adequate nighttime residence; has a primary nighttime residence that is a public or private place not designed for or ordinarily used as a regular sleeping accommodation for human beings; is a migratory child who in the preceding 36 months was required to move from one school district to another due to changes in the parent's or parent's spouse's seasonal employment in agriculture, dairy, or fishing work; or is under 18 years of age and absents himself or herself from home or place of legal residence without the permission of his or her family)	Yes	No
Individual with a Disability, including a learning disability (The participant indicates that he or she has any disability, defined as a physical or mental impairment that substantially limits one or more of the person's life activities, as defined under the Americans with Disabilities Act of 1990)	Yes	No

Do any of the following situations apply?* (Mark Yes or No to each question)

Youth in Foster Care/Aged Out of System (The participant is a person who is currently in foster care or has aged out of the foster care system)	Yes	No
Exhausting TANF within 2 years (The participant is within 2 years of exhausting lifetime eligibility under Part A of Title IV of the Social Security Act (42 U.S.C. 601 et seq.), regardless of whether he or she is receiving these benefits at program entry.)	Yes	No
Single Parent (The participant is a single, separated, divorced, or widowed individual who has primary responsibility for one or more dependent children under age 18, including single pregnant women.)	Yes	No
Refugee (A participant who has been forced to leave their country in order to escape war, persecution, or natural disaster.)	Yes	No
Living in Rural Area (any population, housing, or territory NOT in an urban area with less than 2,500 residents)	Yes	No
Children in Local School System (A participant who has children in the local K-12 school system)	Yes	No
In Correctional Facility A participant that is located in a jail, prison, or other place of incarceration by government officials.) Applicable to programs receiving Sect. 225 funds only.	Yes	No
In Community Correctional Program (A participant that is either on probation or parole) Applicable to programs receiving Sect. 225 funds only.	Yes	No

*denotes required field (PY 22-23 Rev 7/1/2022)

On Public Assistance	Not on Public Assistance	If On Public Assistance: Food Stamps <input type="checkbox"/> WIC <input type="checkbox"/> Other <input type="checkbox"/>
In Other Institutional Setting (A participant that is required by court order to reside in an institutional setting other than a jail or prison.) Applicable to programs receiving Sect. 225 funds only.		Yes <input type="checkbox"/> No <input type="checkbox"/>
On Probation (Granted by the court as part of the convicted offender's initial sentence. Probation may be granted in lieu of any jail time or after a short period of time in jail.)		Yes <input type="checkbox"/> No <input type="checkbox"/>
Veteran of the Armed Forces (any person who served honorably on active duty in the armed forces (Army, Navy, Air Force, Marine Corps, and Coast Guard) of the United States.)		Yes <input type="checkbox"/> No <input type="checkbox"/>

Identify Your Primary Reason for Seeking Adult Education Services* (Mark Yes/No to each question. ONE or BOTH must be marked as Yes)

I want to learn English. (English Language Learner)	Yes <input type="checkbox"/> No <input type="checkbox"/>
I want to improve in Math, English Language Arts, Science and/or Social Studies. (Basic Skills Deficient/Low Levels of Literacy)	Yes <input type="checkbox"/> No <input type="checkbox"/>

EDUCATION AND EMPLOYMENT*

Location of highest grade completed (Mark only ONE)* **U.S. School** **Non – U.S. School**

Mark the highest grade range completed*:

No School Completed	Grade 1	Grade 2	Grade 3
Grade 4	Grade 5	Grade 6	Grade 7
Grade 8	Grade 9	Grade 10	Grade 11
Grade 12	Achieved HS Diploma	Achieved HS Equivalency	Completed Some College
Associate's Degree	Bachelor's Degree	Beyond Bachelor's Degree	

Mark current employment status*:

Employed	Employed but Received Notice of Termination of Employment or Military Separation is Pending
Not in the Labor Force	Unemployed

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HOW DID YOU LEARN ABOUT THE ADULT EDUCATION PROGRAM? (Mark all that apply)

ARIZONA@WORK	Military Recruiter	Social Media	Facebook	Instagram
Court or Court Order	Online Advertisement		Snapchat	TikTok
Education Agency	Pamphlet or Brochure	Social Worker	Twitter	
Employer	Program website	Website		
Friend or Family Member	Radio or TV	None		
Jail/Probation/Parole Office	Returning Student	Other:		

Annual Earnings* (Mark only ONE)

Less than \$2,500	<input type="checkbox"/>	\$2,500 to \$4,999	<input type="checkbox"/>	\$5,000 to \$7,499	<input type="checkbox"/>	\$7,500 to \$9,999	<input type="checkbox"/>
\$10,000 to \$12,499	<input type="checkbox"/>	\$12,500 to \$12,999	<input type="checkbox"/>	\$13,000 to \$14,999	<input type="checkbox"/>	\$15,000 to \$17,499	<input type="checkbox"/>
\$17,500 to \$19,999	<input type="checkbox"/>	\$20,000 to \$22,499	<input type="checkbox"/>	\$22,500 to \$24,999	<input type="checkbox"/>	\$25,000 to \$27,499	<input type="checkbox"/>
\$27,500 to \$29,999	<input type="checkbox"/>	\$30,000 to \$32,499	<input type="checkbox"/>	\$32,500 to \$34,999	<input type="checkbox"/>	\$35,000 to \$37,499	<input type="checkbox"/>
\$37,500 to \$39,999	<input type="checkbox"/>	\$40,000 to \$42,499	<input type="checkbox"/>	\$42,500 to \$44,499	<input type="checkbox"/>	More than \$45,000	<input type="checkbox"/>

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Validity of Information

By signing below, I represent that the information I have provided in this declaration and document is true and correct and that any document(s) I present are genuine. I understand that false or misleading information or documents related to this declaration may subject me to expulsion from the program as well as other legal actions.

Participant Signature* _____ Date _____

Family Educational Rights and Privacy Act Release

To attend adult education programs funded through the Arizona Department of Education (ADE), the participant must allow his or her information to be entered into and shared with designated adult education data systems, including the state-mandated testing platform, and all Workforce Innovation and Opportunity Act (WIOA) Core Partners' data systems. This information will be shared with any ADE-funded adult education programs in which the participant enrolls, the participant's instructors, and the Arizona Department of Education. This information is used for program operations, student instruction, employment opportunities, and to compile federal and state reports of non-identifying aggregate student data.

Participant Printed Name * _____

Participant Signature* _____ Date _____

The adult education program is required to collect post-exit outcome data in the areas of employment, entry into postsecondary education or training, and attainment of secondary diplomas. This is typically done through data matching with State agencies and educational institutions. The alternative to gathering this information through data match is contacting former students directly, such as by phone or email. If you wish to opt out of data match and instead be contacted after exiting the adult education program, check this box:

FOR PROGRAM USE ONLY - AFTER INITIAL INTAKE

Form verified - Verified by: _____ Date: _____

Entered into AAEDMS - Entered by: _____ Date: _____

Returned for Revision - Returned to: _____ Date: _____

Approved in AAEDMS - Approved by: _____ Date: _____

HSE PATHWAY INFORMATION

Date program staff discussed pathways with student: _____

Which HSE pathway has this student chosen?

Testing (GED*)

HSE Plus Career Readiness Pathway

College Credit Pathway

GEDTS Candidate ID: _____

IET INFORMATION

Is this student in IET classes? Yes No

If the student is in IET classes, add an IET registration into AAEDMS.

Date IET registration added: _____

Staff member that added IET registration in AAEDMS: _____

WIOA CORE PARTNER INFORMATION

Is student receiving services from any WIOA Core Partners? Yes No

If yes, mark the appropriate partners.

Title IB (Workforce Development)

Title III Unemployment Services

Title IV Voc Rehab

Comments/Notes: