



STUDENT DATA SUMMARY FORM
Required Student Information

Date Form Completed:

Student Information

Legal Name: _____
Last First Middle (complete) Jr., etc.

Maiden Name(s): _____

CF ID No.: _____ **Birth Date (MM/DD/YY):** _____

Mailing Address: _____
Street/P.O. Box City State Zip Code

County: _____ **Social Security No.:** _____

Telephone No.: _____ **Alternate Telephone No.:** _____

Email: _____ **Gender:** Male Female

Ethnicity

- | | | |
|--|-------------------------------------|--|
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> Asian | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Latino or Hispanic | <input type="checkbox"/> Multi-Race | <input type="checkbox"/> Other |
| <input type="checkbox"/> Native Hawaiian or other Pacific Islander | <input type="checkbox"/> White | |

Highest School Grade Completed (check only one)

- No school grades completed
- Completed at least part of 1st through 11th grade; highest grade completed: _____
- Completed the 12th grade, but did not attain a diploma or equivalency
- Have a disability and attained a high school certificate of attendance/completion from an Individual Education Plan (IEP)
- Completed some college, but did not earn certificate or degree
- Earned a high school diploma
- Earned a high school equivalency
- Earned a career certificate
- Earned an Associate in Arts degree
- Earned an Associate of Applied Science degree
- Earned an Associate in Science degree
- Earned bachelor's degree
- Continued education beyond a bachelor's degree

Education Completed at a: U.S.-based school Non U.S.-based school

Military Status (check only one; for state reporting purposes)

- | | |
|---|---|
| <input type="checkbox"/> Active duty personnel | <input type="checkbox"/> Active member of the Reserves |
| <input type="checkbox"/> Eligible dependent (spouse/child) | <input type="checkbox"/> Veteran (prior service, service prior to 9/11/2001) |
| <input type="checkbox"/> Veteran (prior service, service dates unknown) | <input type="checkbox"/> Veteran (prior service, service on or after 9/11/2001) |
| <input type="checkbox"/> Active member of the National Guard | <input type="checkbox"/> No military history |

Employment Status (check only one)

- Not employed due to incarceration or ineligibility to work
- Not employed but looking and eligible for employment
- Employed
- Employed but with notice of termination or in transition out of military service

Background (select all that apply)

- Youth in foster care (including aged-out)
- Single parent
- Single pregnant woman
- Perceived employment barriers
- Previously or currently subject to any stage of the criminal justice process
- Low-income individual (or his/her dependent) employed primarily in farming, currently unemployed or finding difficulty obtaining work for 12 months out of the last two years
- Migrant or seasonal farm worker (or his/her dependent)
- Homeless without a fixed, regular nighttime residence
- Homeless but staying in non-traditional location (e.g., park, abandoned building or bus station)
- Child of migrant(s) who has changed school districts in the past three years due to seasonal employment of parent(s)
- Previously unemployed or underemployed while caring for home and family (unpaid)
- Previously supported by public assistance or family; now unemployed or underemployed
- Parent of a child within two years of not receiving Temporary Assistance for Needy Families (TANF; formerly AFDC)
- Underemployed dependent spouse of a member of the U.S. Armed Forces on active duty

Income Status (select all that apply; to be completed upon entry for each term/semester)

- Student currently eligible to receive Temporary Assistance for Needy Families (TANF) under Part A Title IV of the Social Security Act, however the student's eligibility will be exhausted within two years of current reporting year
- Student has been unemployed for 27 weeks or more at the time of entry in the current reporting year
- Student self-identifies as having a low income at time of entry in the current reporting year under any of the following:
 - Student or immediate family receive benefits under Supplemental Nutritional Assistance Program (SNAP), Temporary Assistance for Needy Families (TANF), Supplemental Security Income (SSI), or other state public assistance
 - Total family income does not exceed the higher of the poverty line or 70% of the lower living standard income level
 - Student is current in a foster program
 - Student has a disability and has personal income at or below the poverty line, regardless of family income
 - Student is a youth living in a high-poverty area

Criminal History

Have you ever been arrested, charged and/or convicted of, fined, and/or sentenced for any felony offense, including a pending case that could lead to a felony conviction, and including those for which a plea of guilty, no contest (nolo contendere) and/or adjudication of guilt was withheld? Yes No

If your answer to the question above is yes, you **must** submit a full statement of relevant facts. You may be required to furnish the college with copies of all official documentation explaining the final disposition of the proceedings. Failure to answer fully and truthfully may lead to denial of admission or expulsion.

Assistance for Disabled Persons

If you require special services due to a documented disability, you may notify the Adult Education office at the CF Levy Campus. This voluntary self-identification allows CF to prepare appropriate support services to facilitate your learning. This information is confidential and does not affect your admission to the college.

Affirmation of Text/Exam Score Disclosure to Staff

By signing this application, I give permission to adult education instructors and staff to see all of my test scores to properly place me and assess my progress in the adult education program.

Student Signature

Date: MM/DD/YY

Parent Signature (if required for minor student applicant)

Date: MM/DD/YY

CF Levy Staff Signature

Date: MM/DD/YY

White Copy: Data Entry/Permanent Student File Yellow Copy: Student Folder

This section to be Completed by Adult General Education Agency.

Enrollment Date: _____ **Separation Date:** _____

Signed Release of Information File: Yes No

Program Enrollment Type (select all that apply): ABE GED

Attendance Hours/Date (Weekly/Monthly): _____

Assessment (pretest within first 12 hours of instruction)

Assessment Name: _____ **Date:** _____

Subject:	Form	Level	Scale Scores	NRS Level
Reading				
Math				
Language				

Class Information:

New Class Online Asynchronous