

ESL FY11

- Summer:** July 12-August 4
- Fall:** August 31-December 16
- Winter:** January 4-April 28
- Spring:** May 9-June 30



Courses

- ESL 2:** Mon/Wed 6:00pm-8:00pm
- ESL 1:** Tue/ Thur 6:00pm -8:00pm
- Other** _____

Name: _____

Phone: _____ **email:** _____

The **REGISTRATION FEE IS NON-REFUNDABLE**. All information on this form is confidential. It will not be released from the Education and Life Training Center (ELTC) without your permission. If you are participating in an assistance program where release of information is required, please fill out an information release form.

My **photograph** may be used as part of a news report, newsletter, or other publication relevant to ELTC.

I do not wish to appear in any news media photographs connected with the ELTC.

Signature _____ Date _____

Office Use Only

Class Rate: **\$10** per month
 \$30 per semester
 other _____

Payment: CASH: amount: _____
 Check: #: _____
 Voucher: Agency: _____
 Other: _____

Text Book: **\$25**

Checklist:

- ___ Is every item on the registration form completed?
- ___ Is Contact Information Sheet complete?

Notes: _____

Registered by: _____

AMI: 81% + 51-80% 31-50% 0-30%

FPL: 200% 185% 150% 125% 100%

Non-Discrimination Policy:

The Education & Life Training Center does not discriminate on the basis of race, creed, color, religion, sex, sexual orientation, national origin, age, disability or family/marital status in the admission, access or appointment to, or treatment of employment in its programs or activities.

Name:			
Address:			
CITY:		ZIP:	
Phone	Birth Date Month/Day/Year	Email	Gender F <input type="checkbox"/> M <input type="checkbox"/>
Emergency Contact Name		Emergency contact phone number	
Ethnicity/ Race (check all that apply) <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> American Indian/ Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/ Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other _____	How did you learn about us? <input type="checkbox"/> A student (name) _____ <input type="checkbox"/> Newspaper ad (name) _____ <input type="checkbox"/> Flyer <input type="checkbox"/> During Pack to School <input type="checkbox"/> Referral agency(which one) <input type="checkbox"/> Other _____	First Language: <input type="checkbox"/> English <input type="checkbox"/> Other _____	
		Enrollment Type (office use) <input type="checkbox"/> GED <input type="checkbox"/> ESL <input type="checkbox"/> EL/Civics	Labor Force Category (check one) <input type="checkbox"/> Employed, seeking a new job <input type="checkbox"/> Employed, not seeking a new job <input type="checkbox"/> Unemployed, seeking a job <input type="checkbox"/> Unemployed, not seeking a job
Student Status (check all that apply) <input type="checkbox"/> Public Assistance <input type="checkbox"/> Low Income <input type="checkbox"/> Single Parent <input type="checkbox"/> Head of household <input type="checkbox"/> Married <input type="checkbox"/> Dislocated Worker	Income Number of people who live in your household: _____ Annual Household Income: _____ or Monthly Household Income: _____ No income - (GED students please complete declaration of no income)	Highest School Year Completed (circle) 0 1 2 3 4 5 6 7 8 9 10 11 12 Over 12	
		Location of Last School Colorado U.S. Other State Outside the U.S.	
		Colorado County (if last school was in Colorado)	

Primary Goal - Please check <u>only one!</u> <input type="checkbox"/> Employment: Obtain a job (2 nd goal will be Retain a job) <input type="checkbox"/> Employment: Improve employment <input type="checkbox"/> Education: Enter postsecondary education or job training <input type="checkbox"/> Life Skills: Increase involvement in children's education <input type="checkbox"/> Life Skills: Increase involvement in children's literacy activities <input type="checkbox"/> Other personal goal _____	Secondary Goal (please choose only one) <input type="checkbox"/> Improve employment <input type="checkbox"/> Enter postsecondary education or job training <input type="checkbox"/> Increase involvement in children's education <input type="checkbox"/> Increase involvement in children's literacy activities <input type="checkbox"/> Other personal goal _____
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We must do follow up surveys as a condition of our grant funding. We will be contacting you by mail after you finish this course to get feedback. Please help us by keeping your contact information current and responding to our future surveys. We will send surveys at 3, 6, and 12 months after the class ends to find out if you have achieved the goal you stated on your registration form. The continuation of our classes depends on this. Thank you!

Student Policies

- Students must be at least 17 years old to attend classes.
- Students must be planning to live in Colorado and attend classes for at least one semester.
- Students must take assessment tests before entering classes and before exiting. ELTC grant funding requires pre- and post-test scores for every student. Please let us know if you need to leave the program before the end of the semester. Thank you!
- Students should complete a course evaluation before exiting the program.
- Students should complete follow-up surveys mailed by ELTC after finishing course.
- If you cannot attend class, please call your teacher or the office at 482-4357. In case of bad weather conditions, call our office at 482-4357 for information about school closure.
- Visitors are not allowed in class without prior consent from the teacher.
- Cell phones are very disruptive in class; please turn them off.
- Violence, firearms and weapons are prohibited.
- Academic Progress Policy: If after 2 semesters of instruction, you (the learner) have not shown at least one EFL gain on a post-assessment from the level you pre-assessed at, we will need to re-examine whether our program is the best educational environment for you. If, in our estimation, you will not be able to make adequate progress at ELTC, we will recommend an alternative course of action.

I have read the student policies. I understand that my progress depends upon my level of commitment.

Signature of Student

Date

SSN Disclosure Consent Form – Giving this information is optional.

I, _____, a student age 18 or older, consent to the release of personally identifiable information from my student record. I understand that reporting my social security number is voluntary.
Social Security # ___ - ___ - _____

I understand that the student record includes my social security number, which will be released by the Colorado Department of Education to the Colorado Department of Labor and Employment.

I understand that the purpose of the release of my social security number is to assist the Colorado Department of Education in obtaining and reporting information concerning the employment of students as required by section 212 of the Adult Education and Family Literacy Act.

I understand that the Colorado Department of Education will share my personally identifiable information with the Colorado Department of Labor and Employment, no other agency or individual will have access to it, and the information will be destroyed when the report for which it was used is completed or when the information is no longer needed, whichever date comes first.

I understand that the report will contain information and statistics about the employment and further education of adult education students in Colorado, and that no specific or personal information about me will appear in the report.

Signature of Student

Date