



# ABE/ELL Registration Form

## (1) Student Information

|   |  |  |  |  |   |   |  |
|---|--|--|--|--|---|---|--|
| 1) Student ID Number  |  | 2) Last Name   |  | First Name   | Middle Name   | 3) Previous Last Name   |  |
| 4) Mailing Address – Street Address   |  |  |  | City   | State   | Zip Code  |  |
| 5) Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work  |  | 6) Phone 2 - Optional <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work  |  | 7) Social Security Number  |   | 8) Date of Birth (month/day/year)<br>____/____/____   |  |
| 9) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female  |  | If you are under 21 or attending Gateway Technical College under a 118.15 contract or an HSED contract the High School information in boxes 13 and 14 is <b>required</b> .   |  |  |   | 10) Are you 21 years old or under?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 11) Name of high school attending or last attended _____<br>City _____ State _____  |  |  |  | 12) Did you graduate from this high school? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, enter graduation month and year Month/Year _____<br>If no, check highest grade completed <b>as of today</b><br><input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 |   |   |  |
| 13) Are you Hispanic or Latino – that is, Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origins, regardless of race?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |  |  | 14) Select one or more from the following which best describes your race<br><input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American<br><input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White  |   |   |  |
| 15) Do you intend to transfer to another institution?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | 16) Personal email address   |  |  | 17) Do you know your security question and answer to access your record online?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |   |  |
| 18) Check Highest Credential Earned<br><input type="checkbox"/> 01 No credential<br><input type="checkbox"/> 01 Currently in high school<br><input type="checkbox"/> 02 GED Month/year completed _____<br><input type="checkbox"/> 03 HSED Month/year completed _____<br><input type="checkbox"/> 04 High School Diploma<br><input type="checkbox"/> 05 Some College<br><input type="checkbox"/> 06 Short-Term Diploma (less than one year) |  |  |  | <input type="checkbox"/> 07 1 Year Diploma<br><input type="checkbox"/> 08 2 Year Diploma (including Apprenticeship)<br><input type="checkbox"/> 09 Associate Degree<br><input type="checkbox"/> 10 Associate Degree plus additional credits<br><input type="checkbox"/> 11 Baccalaureate<br><input type="checkbox"/> 12 More than Baccalaureate  |   | 19) What is your current work status?<br><input type="checkbox"/> Employed Full Time (01)<br><input type="checkbox"/> Employed Part Time (02)<br><input type="checkbox"/> Underemployed (03)<br><input type="checkbox"/> Unemployed – Seeking Work (04)<br><input type="checkbox"/> Not in Labor Market (05)<br><input type="checkbox"/> Dislocated Worker (06) |  |
| 20) Are you a single parent?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  | 21) Are you a displaced homemaker?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | 22) Are you homeless?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   | 23) Do you have a parent on active duty in the armed forces?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 24) Are you a foster care youth aged 16-24?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | 25) Select highest degree earned by either parent<br><input type="checkbox"/> None <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Vocational Tech <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree<br><input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Masters or Professional <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Unknown |  |  |   |   |  |

## (2) Class Selection

| Class # (10 or 11 digits)<br>E.g 801-136-1R11 OR 503-801B-3Z11 | Class Title | Day(s) & Time | Credits |
|--|-------------|---------------|---------|
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## (3) Student Certification Statement

I hereby certify that, to the best of my knowledge, the information furnished above is true and complete without intent of evasion or misrepresentation.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_