



KISHWAUKEE
COLLEGE

Office Use: Year _____ ☐ Fall ☐ Spring ☐ Summer ID# _____

ADULT EDUCATION REGISTRATION FORM

Legal Name: Last: _____ First: _____ Middle: _____

Preferred Name _____ **Date of Birth:** Month/Day/Year _____

Street Address: _____ **Apt#** _____

City: _____ **State:** Illinois **Zip Code:** _____

Cell Phone: _____ **Email:** _____

Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed ☐ Unknown **Sex:** ☐ Female ☐ Male

Is your native language English? ☐ Yes ☐ No **If No, native language:** _____

Country of Origin: _____ **Citizenship:** ☐ U.S. Citizen ☐ Resident Alien-Permanent (Green Card)
☐ Student Visa F1 J1 M1 ☐ Other
☐ Non-Resident Alien (undocumented/deferred action)

Are You Hispanic? ☐ Yes ☐ No **Ethnicity/Race:** ☐ Asian ☐ Black/African American ☐ White
☐ Hispanic/Latino ☐ Middle Eastern/North African
☐ American Indian/Alaskan Native
☐ Native Hawaiian/Other Pacific Islander

EDUCATION

Highest Year Completed ☐ No Schooling ☐ Grade 1 ☐ Grade 2 ☐ Grade 3 ☐ Grade 4 ☐ Grade 5 ☐ Grade 6
☐ Grade 7 ☐ Grade 8 ☐ Grade 9 ☐ Grade 10 ☐ Grade 11 ☐ Grade 12 ☐ High School Diploma
☐ GED/Other ☐ Some College/No Degree ☐ College Degree ☐ Unknown

Did you attend school in U.S.? ☐ Yes ☐ No

Do you have a U.S. Diploma/High School Equivalency ☐ Yes ☐ No

Has a parent completed a bachelor's degree or higher level of education? ☐ Yes ☐ No

How did you hear about classes? ☐ One Stop ☐ WIOA Core Partner ☐ Other

Name of Referring WIOA Partner/One Stop _____

Have you attended Kish in the past? ☐ Yes ☐ No **If yes, when?** Month/Year _____

EMPLOYMENT

What is your employment status? ☐ Employed ☐ Unemployed (Looking for Job) ☐ Not in Labor Force

Hours worked per week? _____

Do you have a Disability? ☐ Not Disabled ☐ Yes, Documented Disability as defined by ADA

☐ Choose not to Disclose

Choose a Career Cluster: Choose ONE

- ☐ Agriculture Food & Natural Resources ☐ Architecture & Construction ☐ Arts, A/V Technology & Communications
- ☐ Business Management & Administration ☐ Education & Training ☐ Finance ☐ Government & Public Administration
- ☐ Health Sciences ☐ Hospitality & Tourism ☐ Human Services ☐ Information Technology
- ☐ Law, Public Safety, Corrections, & Security ☐ Manufacturing ☐ Marketing
- ☐ Science, Technology, Engineering, Mathematics ☐ Transportation, Distribution & Logistics

Barriers to Employment: Select ALL that apply.

- | | | |
|---|---|---|
| ☐ Cultural Barriers | ☐ Ex-Offender | ☐ Long Term Unemployed |
| ☐ English Language Learner | ☐ Exhausting TANF within 2 years | ☐ Migrant & Seasonal Farm Worker |
| ☐ Low Literacy Levels | ☐ Homeless Person | ☐ Veteran |
| ☐ Individual with Disability | ☐ Low Income | ☐ Single Parent |
| ☐ Displaced Homemaker | ☐ Youth in Foster Care/Age out of System | |

Certification

I certify that the information given here is correct and complete. ☐ Yes ☐ No

I understand that *Kishwaukee College* does not discriminate on the basis of race, color, ancestry, sex, gender identity and gender expression, sexual orientation, religion, national origin, age, marital status, pregnancy or mental handicap or disability in its programs or activities. Inquiries regarding this nondiscrimination policy may be directed to: Julie Lieving, Adult Education ADA Coordinator, 21193 Malta Rd, Malta, IL 60150, 815-825-9409 or at jlieving@kish.edu. Individuals requiring accommodations to access and participate in the courses, programs, services, or events through Adult Education at Kishwaukee College should contact Julie at the number or email address listed above. ☐ Yes ☐ No

I give my consent to *Kishwaukee College Adult Education Program* to obtain results of my HSE testing. I understand that all information obtained by KCAEP will be maintained in accordance with the Family Educational Rights and Privacy Act and will be only used for the following purposes: Information regarding the annual commencement ceremony, determining eligibility for available scholarships and notifying me of the same, tracking student progress through the HSE program and responding to all mandated reporting requirements. ☐ Yes ☐ No ☐ Not Applicable

Signature _____ **Signature Date** _____