



THE VIRGIN ISLANDS DEPARTMENT OF EDUCATION



Adult Education & Family Literacy Center

*1834 Kongens Gade, St. Thomas, VI 00802

Telephone: (340)774-6277

Enrollment Application AdEd ESL Dual Enrollment

Application Date: _____

Semester: 1st () 2nd ()

Applicant Data

Name: _____ Soc. Security # _____

(Enter name EXACTLY as it appears on your ID)

Physical Address: _____ Apartment or Unit: _____

City _____ State: _____ Zip Code: _____

Mailing Address: _____ State: _____ Zip Code _____

Phone #1: _____ Phone # 2: _____

Email Address: _____

Demographic Information

Date of Birth: ____ / ____ / ____ Age: _____ Gender: () Male () Female

Citizenship:

() U.S. Citizen or Naturalized () U.S. Permanent Resident () Alien/Refugee Lawfully Admitted

If non-U.S. citizen, Alien Registration #A ____ - _____ Exp. Date: ____ / ____ / ____

Do you consider yourself to be of Hispanic Heritage? () yes () No Haitian Heritage? () yes () No

Race: Black/African American Native Hawaiian/Pacific Islander Asian

American Indian/Alaskan Native White

Educational Information:

Highest Grade Completed (circle one): 1 2 3 4 5 6 7 8 9 10 11 12

Highest Credential Earned: None High School Diploma GED
 Certificate of attendance/Completion Postsecondary Technical or Vocational Certificate
 Associate's Bachelor's Master's Specialist's Doctorate of Professional Degree

Where was your schooling completed? U.S.-Based Schooling Non-U.S.-Based Schooling

Educational Goals: (check all that apply)

Earn High School Diploma Improve Basic Skills Read & Write English Join the Military
 Attend College/University Seek Employment Gain one or more Education Level

Dual Enrollment

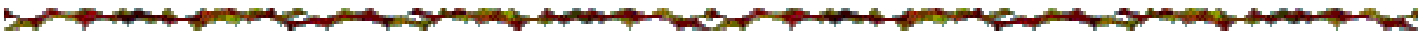
Clinical Medical Assistant Medical Administrative Assistant Phlebotomy Technician Carpentry Technician Computer Applications Cosmetology Technician Hair Braiding Technician Nail Technician Culinary Arts Emergency Medical Technician Heating Venting Air Conditioning & Refrigeration Licensed Practical Nurse

Student Status and Special Populations / Needs

Employed Employed w/notice of termination, facility closure; or a transitioning service member
 Unemployed and not looking for work () Not looking for work (e.g., homemaker, retired, etc.)
 Have you received Unemployment Compensation Insurance within the last 6-months? () Yes () No


Check all that apply

	Low Income - Do you receive SNAP, TANF, SSI or local public assistance? Are you foster child or homeless?
	Displaced Homemaker - Did you provide unpaid services in the home and were dependent on the income of another but you are no longer supported by that income, and are experiencing difficulty in obtaining or upgrading employment?
	Single Parent - (or single pregnant woman) Are you single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under the age of 18? Are you a single, pregnant woman?
	Dislocated Worker - Have you been terminated or laid off, or received a notice of termination or layoff, or been notified of a permanent closure of a plant, facility or enterprise where you are employed?
	Homeless or Runaway Youth - Do you lack a fixed, regular, and adequate nighttime residence? Are you under 18 and leave home without parent permission?
	Ex-Offender - Have you been subject to any stage of the criminal justice process for committing an offense or delinquent act? Do you require assistance in overcoming barriers to employment resulting from an arrest or conviction?
	Foster Care Youth (age 14-21) - Are you currently in the foster care system or have you aged out of the foster care system?
	Cultural Barriers - Do you have attitudes, beliefs, customs or practices that influence a way of thinking, acting, or working that are a hindrance to employment
	Migrant/Seasonal Farmworker



Special Accommodations Notice (optional disclosure) - If you have a disability and desire any special accommodations for instruction or testing, it is your responsibility to notify the program administrative office and provide professional documentation of disability. A disability is a physical or mental impairment that substantially limits one or more of a person's major life activities. If you do not wish to disclose your disability, leave the question below blank.

Are you an individual with a disability? () No () Yes
 If yes, what type? () Learning () Physical () Both



Veteran Information

Have you served in the U.S. Military?	<input type="checkbox"/> No <input type="checkbox"/> Yes, Eligible Veteran
	<input type="checkbox"/> Yes, less than or equal to 180-days and not discharged honorably
	<input type="checkbox"/> Yes, Other Eligible Person (spouse or child of disabled veteran)
Are you a campaign Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are you disabled Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you a recently separated Veteran? (within last 48-months) <input type="checkbox"/> Yes <input type="checkbox"/> No	

How did you hear about the program? Print Media Friend TV Radio
 Referral Internet Family Previous Enrollment Referral

If you were referred, please indicate which agency. _____

Emergency Information

Do you have a medical condition? No Yes – Please explain _____

In case of emergency, who may we contact? Name: _____

Relationship to you: Parent Child Spouse Friend Sibling other

Phone # 1: _____ Phone # 2: _____ Phone # 3: _____

I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIOA program activities and may be justification for dismissal if discovered at a later date. Applicant Initials: _____

Disclosure of you social security number is mandatory. However, Pursuant to the Privacy Act of 1974 and Section 119.07 (5) (a) 3 F.S. (2005) and 5 USCA 552a, your social security number and personal information will be protected as confidential information by all staff members. Social Security numbers will be used by WIOA service provider for identifying and tracking services. This information is reported to any/all approved Federal and State agencies regarding those services, and dollars spent as allowed under the Privacy Act.

Applicant Signature: _____ Date: _____

“No person shall be discriminated in employment or in any educational program or activity offered by the Virgin Islands Department of Education on account of race, color creed, national origin, sex, handicap or age.”

Complainants may write to: Department of Education Legal Counsel* 1834 Kongens Gade* Charlotte Amalie* St. Thomas, VI 00802

Payment is non-refundable two weeks after commencement of classes.

Fees / Payment:

Tuition: _____ Money order/ Check #: _____ Receipt # _____

All payments should be made by money order only, payable to: *Government of the Virgin Islands.*

Referral Agency: _____ (Please provide referral form)

TABE Scores

Date Pre -Tested: _____

Date Post-Tested: _____

9E 9M Full Batt.____ Survey____

10E 10M Full Batt.____ Survey____

Subject	Scale Score	Grade Equiv.		Subject	Scale Score	Grade Equiv
Reading				Reading		
Mathematics Comp.				Mathematics Comp.		
Applied Mathematics				Applied Mathematics		
Total Mathematics				Total Mathematics		
Language				Language		
Survey - Total Battery				Survey - Total Battery		
Vocabulary				Vocabulary		
Language Mechanics				Language Mechanics		
Spelling				Spelling		
Full - Total Battery				Full - Total Battery		

ESL Scores

Date Pre-Tested: _____

Date Post-Tested: _____

TABE CLAS-E A Level 1 1

TABE CLAS-E A Level 1 2

Subject	Scaled Score		Subject	Scaled Score
Writing			Writing	
Reading			Reading	
Listening			Listening	

Application Received /Reviewed by: _____ Date: _____

