

L'Anse-Baraga Community Schools

Adult Education

(For students who were age 20 or older in September of the current school year)

Enrollment

School Year _____ Semester _____

STUDENT INFORMATION

STUDENT # _____

(Assigned by staff)

LEGAL NAME _____
Last First Middle (Maiden)

NICKNAME, if any _____ PHONE _____
Home # Message #

ADDRESS _____
Street City Zip

BIRTHDATE _____ BIRTHPLACE _____
City State

RACIAL/ETHNIC CODE (Required by the State of Michigan) _____

GENDER M F (Circle One) SOC. SEC. NO. _____

PERMISSION TO TAKE/PUBLISH PHOTOGRAPHS YES NO (Circle One)

DO YOU HAVE ANY MEDICAL PROBLEMS OR TAKE ANY MEDICATION THAT THE SCHOOL SHOULD BE AWARE OF? IF SO, PLEASE EXPLAIN BELOW.

EDUCATIONAL BACKGROUND

LAST HIGH SCHOOL ATTENDED _____ YEAR _____

ADDRESS _____ CITY/STATE/ZIP _____

LAST GRADE COMPLETED _____ GED CERTIFICATE? _____

STUDENT SIGNATURE _____ DATE _____

RECRUITER or OFFICE STAFF SIGNATURE _____

PLEASE SUPPLY THE FOLLOWING INFORMATION, WHICH IS REQUIRED BY THE STATE OF MICHIGAN.

LABOR STATUS: Check only one.

Employed Unemployed Not in the Labor Force

Definitions for Labor Status:

Employed Check this box if you work as a paid employee, work in your own business or farm, or work 15 hours or more per week as an unpaid worker on a farm or business operated by a member of your family. If you are temporarily absent from your job, you should check this box.

Unemployed Check this box if you are not working but are looking for a job, have made efforts to find a job, and are available for work.

Not in the labor force Check this box if you are not employed and are not looking for work.

ADDITIONAL STATUS MEASURES: Check all that apply.

<input type="checkbox"/> Receiving Public Assistance	<input type="checkbox"/> Displaced Homemaker
<input type="checkbox"/> Disabled	<input type="checkbox"/> Single Parent
<input type="checkbox"/> Low Income	<input type="checkbox"/> Dislocated Worker
<input type="checkbox"/> Learning Disabled	

Definitions for Additional Status Measures:

Receiving Public Assistance Check this box if you receive financial assistance from Federal, State, or local government agencies, including Temporary Assistance to Needy Families (TANF), food stamps; refugee cash assistance; old-age assistance; or aid to the blind or totally disabled. Do not check this box for Social Security benefits, unemployment insurance or employment-funded disability.

Disabled Check this box if you have any type of physical or mental disability that substantially limits or restricts one or more major life activities, such as walking, seeing, hearing, speaking, learning, or working. Learning disabilities are included.

Low Income Check this box if you are a member of a family that received in the past six months a total family income of 70 percent of the Federal income level standard for a family of that size; or if you or your family is receiving cash assistance from Federal or state agencies or Food Stamps; or if you are homeless.

Learning Disabled Check this box if you have been identified with learning disabilities, such as dyslexia (reading disability), dysgraphia (writing disability), dyscalculia (math disability), which are related to neurological impairments.

Displaced Homemaker Check this box if you had been working in the home without pay and dependent on the income of another family member, but you are no longer supported by that income; and you are unemployed or underemployed and are having difficulty finding a job.

Single Parent Check this box if you are the sole custodial support for one or more dependent children.

Dislocated Worker Check this box if you have been notified of an upcoming lay-off from your job.