Robbinsdale Area Schools
Adult Academic Program
2013/2014 Registration Form

Date: ____________________________  Day Classes  □  Evening Classes  □

Last Name ____________________________  First Name ____________________________

Social Security Number ____________________________  Birth date __/__/____  Age ______

Address ____________________________________________  City _____________________  MN  Zip

Home Phone: ___________________  Cell Phone: ______________________

E-mail: ____________________________________________

Contact name in case of emergency: ____________________________  (relationship) ____________________________

Phone: ____________________________

Gender:  Male  □  Female  □

Ethnicity  (check all that apply)

□ Native American/Alaskan  □ Hispanic/Latino
□ Asian  □ Native Hawaiian/Pacific Islander
□ Black/African American, non-Hispanic  □ White/non-Hispanic

Country of Origin ____________________________  First Language ____________________________

How did you hear about us?

Sign on street  □  Attended before  □  Brochure/Poster/Flyer  □  Family/Friend  □

Employer  □  Radio/Newspaper/TV  □  Website  □  Other:  (list, please)  □

Last Grade Completed

<table>
<thead>
<tr>
<th>Last Grade Completed</th>
<th>Last Grade Location</th>
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<tbody>
<tr>
<td>None  □</td>
<td></td>
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<tr>
<td>Grades 9-12, no Diploma  □</td>
<td>High School Diploma or equivalent  □</td>
</tr>
<tr>
<td>Some College, no Degree  □</td>
<td>College  □</td>
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Residency Status

□ US Citizen  □ Immigrant  □ Refugee

Public Assistance

□ MFIP  □ Other  □ None

Employment Status

□ Employed  □ Unemployed  □ Not employed and not looking for job

Other  □ Single Parent*  □ Displaced homemaker*  □ Dislocated Worker*

*See office staff or sign for explanation
EMERGENCY INFORMATION
Do you have any health condition that may result in an emergency? (diabetes, heart condition, seizures etc.) ____________________________

Do you have allergies?  No [ ]  Yes [ ]  If yes, to what? ____________________________

Have you ever been diagnosed with a condition that could impact learning? (i.e. mental health, ADHD, developmental disability, learning disability, brain injury, vision or hearing loss, etc.).

YES _ _ _ _  NO _ _ _ _

DATA PRIVACY STATEMENT
The Minnesota Data Privacy Act protects your privacy, but it also lets us share information about you if the law requires it.

We may use the information from your application and participation to: tell you from other persons with a similar name; decide if you can receive our services; decide which services you can receive; receive state and federal funds to help you; let program funders know if Adult Basic Education has helped you.

You are not required by law to provide this information. If you choose not to provide this information, we may not know whether you are eligible for the program and may not be able to help you. Providing false information can lead to removal from the program.

We will share the information with staff, allowed by law, who need it to do their jobs in: The Minnesota Dept. of Jobs and Training and the U.S. Depts. of Health & Human Services, Labor, Housing & Urban Development, and Agriculture. We may also share it with community-based agencies, local and state human service agencies, educational programs and other agencies that help you.

You do not have to provide your Social Security number. Federal Privacy Act and Freedom of Information Act dictate the use of this number. We may use it for computer matches, program reviews, improvements and audits.

After you leave the program, we will keep your file until state and federal laws let us destroy it.

If you do not want us to share this information with other agencies, we understand. You can still participate in our classes and programs. If you do not understand this form, ask a staff person to explain it to you.

I have read/been read and understand my Data Privacy Rights.

SIGNATURE ____________________________  DATE ____________________________

Staff use only

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<th>Date</th>
<th>Test Series</th>
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COMMENTS
__________________________________________________________

Staff Signature ____________________________  Date ____________________________