

**OneSource Learning & Development Center
Student Registration Form**

Completion of this form is required for all adult learners in all programs. All data is Required.
Please print legibly. All signatures should be in ink or digitally signed with a date stamp.

***Entry Educational Functioning Level:** _____

***Pre-test date, form/level, score:** _____

STUDENT CONTACT INFORMATION

Today's Date: _____

Orientation Date: _____

Social Security Number: _____ - _____ - _____ ***Date of Birth:** _____ / _____ / _____ **Age:** _____
Month / Day / Year

***Name:** _____
First Middle Last Suffix

***Address:** _____
Street Address/PO Box Apartment or Unit Number City State Zip

***County of residence:** _____ **Email Address:** _____

Cell Phone: (_____) _____ **(Are texts OK? Yes No)** **Other Phone:** (_____) _____

CASE MANAGER INFORMATION

Are you receiving services from DFACS, DJJ, or any other community service organization? Yes No

Case Manager Name: _____ **Phone:** (_____) _____
First Last

Case Manager Email: _____

EMERGENCY CONTACT INFORMATION

Name: _____ **Phone:** (_____) _____ **Relationship:** _____
First Last

STUDENT DATA

***Hispanic/ Latina/Latino:** **No**, not Hispanic/Latina/Latino
 Yes, Hispanic/Latina/Latino

***Race:** (Select one or more)
 American Indian or Alaska Native
 Asian
 Black or African-American
 Native Hawaiian or Other Pacific Islander
 White

***Gender:** Female
 Male

***What was the highest school grade you completed? (select one)**

No School Grade Completed 1st grade 2nd grade 3rd grade 4th grade 5th grade 6th grade 7th grade 8th grade 9th grade 10th grade 11th grade 12th grade

***What was the highest educational level you completed? (select one)**

None One year or more of postsecondary education, no degree Master's degree
 High School Diploma Postsecondary Technical or Vocational Certificate Specialist's degree
 High School Equivalency (GED) Associate's degree Doctorate or Professional degree
 Certificate of Attendance/Completion Bachelor's degree Unknown

***Was your highest education level completed in the United States or at a U.S.-based school?** Yes No

Have you enrolled in Adult Education before? No Yes. Which Program? _____

Please continue to the next page.

*Name: _____
First Middle Last Suffix

STUDENT STATUS and SPECIAL POPULATIONS

*What is your work status? (select one)

Working

If working, are you? Full-time Part-time

Working, but my job is ending or my place of work is closing

Not working, but looking for work

Has it been 27 weeks (six months) or longer since you had a job? Yes No

Not working and not looking for work (stay at home, retired, incarcerated, etc.)

*Have you (or someone in your household) received any of the following in the last six months?

Yes No TANF (Temporary Assistance for Needy Families)

Yes No Have you received TANF for more than 2 years in total?

Yes No SNAP (Supplemental Nutrition Assistance Program) "Food Stamps"

Yes No SSI (Supplemental Security Income)

Yes No State or Local income-based public assistance

How many family members, including yourself, have lived in your household in the last six months? _____

What is the total yearly income for all members of your household? \$ _____

*Do any of the following statements apply to you?

Yes No I have a low income.

Yes No I am a former homemaker who is having trouble finding a job or a better job.

Yes No I am a single parent. I am unmarried or separated from my spouse and have primary responsibility for one or more dependent children under the age of 18 or I am a single, pregnant woman.

Yes No I am homeless. I live in a motel, hotel, campground, transitional housing, or with another person because I lost my house or apartment.

Yes No I have a criminal record that makes it hard to find a job. (Do not select if you are currently incarcerated.)

Yes No I am in the foster care system (or I used to be) and I am less than 24 years old.

Yes No I am a farmworker. I am a seasonal farmworker who has worked the last 12 months in agricultural or fish farming labor.
(If yes, select a subcategory) I am a seasonal farmworker with no permanent residence (migrant).
 I am a dependent of a farmworker.

*Are you an individual with a physical and/or learning disability? Yes No Do not wish to disclose

*Do you request special accommodation(s) based upon your physical and/or learning disability? Yes No

If the class you attend is associated with a correctional facility, please provide your GDC ID#: _____

Language spoken at home: _____ Country of Birth: _____

Confidentiality Notice

This adult education program may release your student information for only specific reasons allowed under the Family Educational Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), such as program evaluation purposes. If you do not wish this information to be disclosed, please check this box:

By signing this, I agree that the information submitted is accurate and can be used for contact and registration purposes.

*Student's Signature: _____ *Date: _____

*Staff Member's Signature: _____ *Date: _____

OneSource Learning & Development Center does not discriminate on the basis of race, color, creed, national or ethnic origin, sex, religion, disability, age, political affiliation or belief, genetic information, disabled veteran, veteran of the Vietnam Era, spouse of military member or citizenship status (except in those special circumstances permitted or mandated by law).

OneSource Learning & Development Center
Student Contract

Completion of this form is required for all adult learners in all programs. All data is Required
Please print legibly. All signatures should be in ink or digitally signed with a date stamp.

Entry EFL:

Pre-test date, form/level, score:

***Name:** _____

First

Middle

Last

Suffix

Read and initial by each statement below regardless of you being a online or in-person student:

I will prioritize class time.

I will show up and be an active participant for all classes.

I will be an active learner.

I will be respectful to my teacher(s), office staff, and classmates.

I am making a choice to participate in my own successes.

- I understand that there are high expectations for me.
- I will communicate with my teacher via email and phone if an emergency arises and I am unable to attend class.
- I understand that after 2 unexcused absences, I will be dismissed from the class.
- I understand it is my responsibility to communicate with the teacher regarding absences.
- I will arrive to class on-time and prepared.
- I will communicate if I am going to be late.
- I understand that after 15 minutes, I will not be allowed in the class.
- I understand that after 3 unexcused tardiness, I will be dismissed from the class.
- I understand that it is my responsibility to communicate with the teacher if I am going to be late.
- I understand that for all online classes, a camera is required.
- I understand that for online classes, my camera will remain on at all times.
- I understand that for online classes, I will secure a quiet location for my class.

*Student Signature

Date

STUDENT SUPPORT PERSONNEL CONTRACT – FOR STUDENTS RECEIVING SUPPORT SERVICES

I, _____, am the _____ of the student listed above. I hereby
first name last name relationship to student
agree to support my student in all educational endeavors by providing to the best of my ability a quiet environment for
him/her to study. I will support my student by encouraging the student to study and not enable any defeatist mentality.

*Support Personnel Signature

Date

Verification of Eligibility for Public Benefit Affidavit

Technical College System of Georgia

Office of Adult Education

Last updated April 21, 2020

Last Name: _____ First Name: _____ Age: _____

By executing this affidavit under oath, as an applicant for adult education, as referenced in O.C.G.A. § 50-36-1, from the Technical College System of Georgia Adult Education Program, the undersigned applicant verifies one of the following with respect to my application for a public benefit select one:

- 1) _____ I am a United States citizen.
- 2) _____ I am a legal permanent resident of the United States.
- 3) _____ I am a qualified alien or non-immigrant under the Federal Immigration and Nationality Act with an alien number issued by the Department of Homeland Security or other federal immigration agency.

My Alien Registration Number (A-number), I-94 (Arrival-Departure Record) number, or other immigration number issued by the U.S. Department of Homeland Security or other federal immigration agency is: _____. (For verification through the SAVE program, a front and back copy of the secure and verifiable document and the supporting documentation must be attached.)

The undersigned applicant also hereby verifies that he or she is 18 years of age or older and has provided at least one secure and verifiable document*, as required by O.C.G.A. § 50-36-1(e)(1), with this affidavit.

The secure and verifiable document provided with this affidavit can best be classified as:

In making the above representation under oath, I understand that any person who knowingly and willfully makes a false, fictitious, or fraudulent statement or representation in an affidavit shall be guilty of a violation of O.C.G.A. § 16-10-20, and face criminal penalties as allowed by such criminal statute.

Executed in _____ (city), Georgia.

Signature of Applicant

Printed Name of Applicant

*The "List of Secure and Verifiable Documents" can be found at <http://law.ga.gov/immigration-reports>.

*Complete if seal/stamp does not have this info

SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

Notary Seal or Stamp:

*PRINTED NAME OF NOTARY PUBLIC:

_____ DAY OF _____, 20____

SIGNATURE OF NOTARY PUBLIC:

*My Commission Expires: _____

| | | | | |
|--|--|---|---|--|
| Local Program POC initials: Date: | OAE Reviewer: | Date: | | SAVE Date: |
| | <input type="checkbox"/> Complete and SAVE Ready SV _____ SD _____ | <input type="checkbox"/> Incomplete <input type="checkbox"/> SV Doc <input type="checkbox"/> Supporting Doc | <input type="checkbox"/> Restricted Visa _____ | Results: <input type="checkbox"/> Verified <input type="checkbox"/> Unverified |

Clear Form

Secure and Verifiable Documents under O.C.G.A. § 50-36-2

Issued February 20, 2018 by the Office of the Attorney General, Georgia

“Secure and verifiable document” means a document issued by a state or federal jurisdiction or recognized by the United States government and that is verifiable by federal or state law enforcement, intelligence, or homeland security agencies. **The term “secure and verifiable document” SHALL NOT INCLUDE:**

- **any foreign passport (unless the passport is submitted with a valid United States Homeland Security Form I-94, I-94A, or I-94W, or other federal document specifying an alien’s lawful immigration status, or other proof of lawful presence in the United States under federal immigration law);**
- **a Matricula Consular de Alta Seguridad, matricula consular card, consular matriculation card, consular identification card, or similar identification card issued by a foreign government regardless of the holder’s immigration status.**

Only those documents approved and posted by the Georgia Attorney General pursuant to subsection (g) of the Code section shall be considered secure and verifiable documents. [O.C.G.A. § 50-36-2 (b)(3)]

The following list of secure and verifiable documents, published under the authority of O.C.G.A. § 50-36-2, contains documents that are verifiable for identification purposes, and documents on this list may not necessarily be indicative of residency or immigration status.

- **An unexpired United States passport or passport card**
- **An unexpired United States military identification card**
- **An unexpired driver’s license or identification card** issued by one of the United States, the District of Columbia, the Commonwealth of Puerto Rico, Guam, the Commonwealth of the Northern Marianas Islands, the United States Virgin Island, American Samoa, or the Swain Islands, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer
- **An unexpired tribal identification card** of a federally recognized Native American tribe, provided that it contains a photograph of the bearer or lists sufficient identifying information regarding the bearer, such as name, date of birth, gender, height, eye color, and address to enable the identification of the bearer.
- **An unexpired United States Permanent Resident Card or Alien Registration Receipt Card**
- **An unexpired Employment Authorization Document** that contains a photograph of the bearer
- **An unexpired passport issued by a foreign government**, provided that such passport is accompanied by a **US Department of Homeland Security Form I-94, I-94A, or I-94W, or other federal form** specifying an individual’s lawful immigration status or other proof of lawful presence under federal immigration law
- **An unexpired Merchant Mariner Document or Merchant Mariner Credential** issued by the US Coast Guard
- **An unexpired FAST card, NEXUS card, or SENTRI card**
- **An unexpired driver’s license issued by a Canadian government authority**
- A **Certificate of Citizenship** (Form N-560 or Form N-561) or a **Certificate of Naturalization** (Form N-550 or Form N-570) issued by the United States Department of Citizenship and Immigration Services (USCIS)
- **Certification of Report of Birth** (Form DS-1350), a **Certification of Birth Abroad** (Form FS-545), or a **Consular Report of Birth Abroad** (Form FS-240) issued by the United States Department of State
- **An original or certified copy of a birth certificate** issued by a State, county, municipal authority, or territory of the United States bearing an official seal

For a more detailed listing of these secure and verifiable documents, including citations, refer to the “List of Secure and Verifiable Documents” posted on the Attorney General of Georgia website at <http://law.ga.gov/immigration-reports>.