

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

**\*Gender:**  Female  
 Male

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

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



(Mandatory for all 16 and 17-year-olds)

Enrollment Application
State-approved Adult Education Programs

Clear Form

Form with fields: APPLICANT NAME (Last, First, Middle/Former): PLEASE PRINT, DATE OF BIRTH, AGE, SOCIAL SECURITY or ID Number, MAILING ADDRESS, PHONE # (include area code), GENDER: MALE FEMALE, ADMISSION CATEGORY (please check one): Parent/Guardian Permission, Marriage, Legal Emancipation, Court Order/Adjudication, Special, NAME & LOCATION OF LAST SCHOOL ATTENDED, DATE LAST ATTENDED, Describe reason for requesting admission to a state-approved adult education program and/or permission to take the GED® Test (attach additional sheet(s), if necessary), APPLICANT'S SIGNATURE, DATE.

Parent/Guardian Permission to Enroll/Take the GED® Test
(Applicable to Admission Category of Parent/Guardian Permission Only)

Signature of parent/guardian must be completed in the presence of a witness.

I certify that I am the parent/legal guardian of the applicant above and I give him/her permission to enroll in a state-approved adult education program and take the GED® Test.

Form with fields: PARENT/GUARDIAN NAME: PLEASE PRINT, SIGNATURE OF PARENT/GUARDIAN, DATE.

I, the witness, affirm that the signature of the parent/guardian has been written in my presence. I agree that the Technical College System of Georgia may contact me in reference to the validity of the parent/guardian signature.

Form with fields: WITNESS NAME: PLEASE PRINT, SIGNATURE OF WITNESS: signature waived for online process, DATE, ADDRESS OF WITNESS, TITLE/POSITION OF WITNESS, PHONE #.

Applicant Name – Last, First (PLEASE PRINT):	Date:
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### Adult Education Program Enrollment Approval

I certify that this applicant is **NOW ENROLLED** in a state-approved adult education program. I certify that I have required proof of identity from the applicant and appropriate documents are attached. I have reviewed the application and find it accurate to the best of my knowledge.

<b>PROGRAM ADMINISTRATOR/DESIGNEE NAME: PLEASE PRINT</b>	
<b>TITLE:</b>	<b>ADULT EDUCATION PROGRAM/SITE:</b>
<b>ADDRESS:</b>	<b>PHONE #:</b>
<b>PROGRAM ADMINISTRATOR/DESIGNEE SIGNATURE:</b>	<b>DATE:</b>

### Recommendation to Take the GED® Test

**In order to receive a recommendation to take the GED® Test, 16 and 17 year olds must:**

1. Attend class(es) for the required minimum number of hours to be post-tested and take at least one post-test.
2. Score at least a 9.0 grade equivalent on the D or A level TABE assessment in Reading, Math, and Language.

(Once steps 1 and 2 are completed, the program is able to administer *GED Ready™* or *Aztec's GED® Practice Tests*.)

<p style="text-align: center;"><b><i>GED Ready™</i></b></p> <ul style="list-style-type: none"> <li>Schedule a time with his/her teacher to create a profile on the <i>MyGED™</i> portal at <a href="http://www.ged.com">www.ged.com</a>.</li> <li>Take the practice test and score at least a 150 on two of the four <i>GED Ready™</i> subtests.</li> </ul>	<p style="text-align: center;"><b><i>Aztec's GED® Practice Tests</i></b></p> <ul style="list-style-type: none"> <li>Schedule a time with his/her teacher to create a login/password for Aztec.</li> <li>Take the practice tests and score 60% or higher on two of the four subtests.</li> </ul>
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3. Agree to maintain enrollment in the adult education program through the successful completion of GED® Testing.

I certify that the applicant listed on page one has met the above requirements.

<b>TEACHER NAME: PLEASE PRINT</b>		<b>ADULT EDUCATION PROGRAM/SITE:</b>
<input type="checkbox"/> <b>Attended a minimum of 40 hours</b>	<input type="checkbox"/> <b>Earned a 9.0 on TABE Reading, Math &amp; Language</b>	<input type="checkbox"/> <b>Met minimum scores on <i>GED Ready™</i> or <i>Aztec's GED® Practice Tests</i></b>
<b>TEACHER SIGNATURE:</b>		<b>DATE:</b>

### Approval to Take the GED® Test

I have reviewed the application and find it accurate to the best of my knowledge. I certify that the applicant has met Georgia GED® Testing eligibility requirements for 16 and 17 year olds in a state-approved adult education program based on the information provided by the applicant and the teacher listed above. The program will complete a *Request for GED Testing Approval* form and submit it, along with a summary report of Aztec GED® Practice Test scores (if applicable), to the Georgia GED® Testing Program (GaGTP) for final approval.

<b>PROGRAM ADMINISTRATOR/DESIGNEE NAME: PLEASE PRINT</b>	
<b>PROGRAM ADMINISTRATOR/DESIGNEE SIGNATURE:</b>	<b>DATE:</b>

In order for Underage Youth (16 and 17-year-olds) to take the GED® Test in Georgia prior to their 18<sup>th</sup> birthday, they must enroll in an approved Adult Education program and complete requirements necessary to be granted approval to take the GED® Test early.

### **Adult Education Program Enrollment Steps**

- 1. Fill out the application form provided by the local adult education program.** Select the appropriate admission category and provide documentation, as needed.
    - a. **Parent/Guardian Permission** – parent/guardian must sign the application in front of a witness
    - b. **Marriage** – attach a copy of your marriage certificate
    - c. **Legal Emancipation** – attach a copy of your emancipation document
    - d. **Court Order/Adjudication** – attach documentation from Juvenile Justice, correctional facility, etc.
    - e. **Special Program** – attach official enrollment forms from an approved organization, e.g. Job Corps, Youth Challenge
  - 2. Validate that you have withdrawn from K-12 education by attaching ONE of these documents. Court Order/Adjudication and Special Program students are exempt from this requirement.**
    - Public and Private School Applicants
      - a. An official withdrawal document from the last school attended by the applicant.
      - b. A letter from the superintendent or designee indicating that you are not currently enrolled or were never enrolled in the local school system.
    - Home School Applicants
      - a. An Underage Enrollment Affidavit for Home School Students (available from the adult education program)
  - 3. Provide legal identification with proof of age with your submitted application and supporting documentation.** The program will admit you only if you have submitted all required documents.
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### **GED® Testing Approval Steps**

- 1. Attend class(es) for the required minimum number of hours to be post-tested and take at least one post-test.** This is a minimum requirement. It may take longer for you to prepare for the GED® Test.
- 2. Score at least a 9.0 grade equivalent on the D or A level TABE assessment in Reading, Math, and Language** which is administered by the adult education program. It is possible that you may have to take the TABE more than one time to achieve this level of scores. Once you have completed steps 1 and 2, the program will be able to administer a GED® practice test.
- 3. Schedule a time with your teacher to take a GED Ready™ or Aztec GED® practice test.**
  - **GED Ready™** - With your teacher, create a profile on the *MyGED™* portal at [www.ged.com](http://www.ged.com). Then, take the *GED Ready™* practice test and score at least a 150 on two of the four subtests. A score of 150 demonstrates your ability to pass the GED® Test. The practice test must be administered in the adult education program. *GED Ready™* scores earned outside of the program will not be considered for testing approval.
  - **Aztec's GED® Practice Tests (if available)** – With your teacher, create a login/password. Then, take a GED® Practice Test and score 60% or higher on two of the four subtests. A score of 60% demonstrates your ability to pass the GED® Test. The practice test must be administered in the adult education program. *Aztec GED® Practice Test* scores earned outside of the program will not be considered for testing approval.
- 4. Agree to maintain enrollment in the adult education program** until you have successfully completed your GED® Testing, as outlined by the adult education program you attend.

After successful completion of these requirements, the program will complete a *Request for GED Testing Approval* form and submit it to the Georgia GED® Testing Program (GaGTP) for final approval. You will receive an email from the GED Testing Service® with scheduling instructions, if approved.

**Underage Enrollment Affidavit for Home School Students**

As referenced in O.C.G.A. § 20-40-15, individuals who are 16 or 17 years of age are eligible for adult education services if they comply with other eligibility requirements, are not high school graduates, and if they present documented evidence that their school system has been notified that they have withdrawn from school.

I, \_\_\_\_\_, hereby affirm that: Printed  
Name of Parent/Legal Guardian Initial here

\_\_\_\_\_  
(Initial here) 1. I am the parent or legal guardian of \_\_\_\_\_, who  
is an underage applicant (age 16 or 17) for adult education services.

\_\_\_\_\_  
(Initial here) 2. I certify that the underage applicant listed above has not graduated from high school.

\_\_\_\_\_  
(Initial here) 3. I certify that the underage applicant's school system has been notified that he/she  
has withdrawn from school.

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 Parent/Legal Guardian

\_\_\_\_\_  
Printed Name of Parent/Legal Guardian

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SUBSCRIBED AND SWORN BEFORE ME ON THIS THE

\_\_\_\_\_ DAY OF \_\_\_\_\_, 20\_\_\_\_\_

SIGNATURE OF NOTARY PUBLIC: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_