|  | **Intake Form**  |  **Intake Date** |
| --- | --- | --- |
|  | Program Enrollment Type:• ABE • ASE • ELA/ESL • NEDP • Family Literacy • IELCE • Correctional Facility • Other  | \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_\_ |
|  **Social Security #:** | \_\_\_\_\_\_\_ – \_\_\_\_\_\_ – \_\_\_\_\_\_\_\_\_\_\_ | **Birth Date:** | \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_ (month/day/year)  |  |
| **Name**:  |  |  |  |  |

#  *Last First MI*

| **Home Address:** |  |  |  |  |
| --- | --- | --- | --- | --- |

 *(Mailing Address / PO Box) City State Zip County*

|  |  |
| --- | --- |

# ***Phone Number Email***

| **Follow-Up Survey Information**(select preferred method of contact) | **• Phone** | **• Mail** | **• Email** | **• Personal Contact** |
| --- | --- | --- | --- | --- |
| **GENDER** | **ETHNICITY AND RACE** | **WORK STATUS** | **LIFE EXPERIENCES** | **EDUCATION AND HOUSEHOLD** | **REASON FOR ATTENDING** |
| **Choose only one:*** Male
* Female
* Non-Binary or Other
* Prefer Not to Disclose
 | **Choose only one:*** Hispanic/Latino
* Not Hispanic/Latino
 | **Choose only one:**• Employed (check one)* *Full- time job*
* *Part- time job*
* Unemployed
* Not in Labor Force
 | **Check all that apply:*** Cultural Barriers
* Disabled
* Displaced Homemaker
* Economic Disadvantage
* English Language Learner
* Ex-Offender
* Exiting TANF w/in 2 years
* Foster Care Youth
* Homeless
* Long Term Unemployment
* Low Literacy Levels
* Migrant Farmworker
* Seasonal Farmworker
 | Highest Education Level Completed on Entry:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Was education completed in the U.S.?* Yes
* No

Number of Minor Children in Household:Age0 - 1 \_\_\_\_\_\_2 - 4 \_\_\_\_\_\_5 - 11 \_\_\_\_\_\_12 - 15 \_\_\_\_\_\_16 - 18 \_\_\_\_\_\_Are you a single parent? Yes  No | **Please, select the best answer:** * Improve literacy and/or math skills
* Learn English
* Attain High School Equivalency
* Get career training
* Get a job or promotion at work
* Assist in children’s education or other activities
* Improve citizenship skills
 |
| **Check all that apply:*** American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or other Pacific Islander
* White
 |

**How did you hear about this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Release of Information**

All above information is self-reported and accurate. I understand the New Mexico Higher Education Department and the local Adult Education program may release my information for purposes of education or employment research/reporting.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Student Signature Date

**NNMC Adult Education Commitment Contract**

In taking the Adult Education (AE) High School Equivalency classes, I recognize and understand the level of seriousness and commitment needed on my part

Please check each box to show that you have read and understand each statement:

* I understand that I am responsible for my own success and that I have to work hard in and out of the classroom.
* I understand that homework may be assigned and that I will be expected to complete and return assignments by the due date.
* I understand that is my responsibility to attend all classes as scheduled and for the full duration of the session
* I understand that I must notify each of my instructors by email or phone if I am not going to attend class
* I understand that I must come to class ON TIME and return from break ON TIME. If I am going to be late or if I need to leave early, I must notify my instructors
* I understand that if I am 10 minutes late or more, I will not be allowed in the classroom and counted absent from class. The classroom door will be locked 10 minutes after the class starts.
* I understand that I cannot have more than **three** absences in a 8-week period.
* I understand that if I have more than three absences, I will be disenrolled from the program
* I understand that if I am disenrolled from the program for having more than two absences, I must wait out a regular 8-week session before I can return to the program.
* I understand that missing even one class will be a disadvantage to my learning and it will impact the progress I make towards obtaining my High School Equivalency credentials.
* I must notify the Program Director via withdrawal form if I am no longer able to attend classes.
* I understand that I am not allowed to use my cell phone in the classroom.
* I understand that I must be respectful to all staff and faculty, as well as other students.
* I understand that I must not use profanity in the classroom or make any threats.
* I understand that I must pre/post-test when required. AE staff or instructor will notify me when ready to complete tests.
* The AE program provides a service based on the student’s ability to demonstrate learning advancement. If a student does not show and maintain progress after two post-tests, the director will determine whether or not the student will remain enrolled in the program.

**By signing this contract, I am committing to all of the above.**

Date:

Student’s Signature:

Print Name:

**NNMC Adult Education Informed Consent and Information Release Form**

**Social Security Number**

I agree to the use of my social security number or my taxpayer identification number by Northern New Mexico College and the Adult Education Program for reporting research and record keeping. I understand that my number will be used to gather information about students and programs to meet state and federal funding requirements. It may be used to match the records from the agencies to gather information to help state and local agencies to plan education training services. Funding for the college programs is based on this information. I understand that Northern New Mexico College and the Adult Education Program will protect my confidentiality under their guidelines and that at no time is my social security number given to any other party without my express consent

**Photographs**

I hereby give the Northern New Mexico College and the Adult Education Program permission to use photographs of me in any reports and publications, including informational brochures and the Northern New Mexico College website. I understand that Northern New Mexico College and the Adult Education Program will not publish the identity of any minor(s) pictured in photographs provided.

Student Signature: Date:

**Information Release**

I, (print name) hereby give consent to Northern New Mexico College Adult Education Program to release records and other information covered by the Family Rights and Privacy Act of 1974 (FERPA). I understand that by signing this form my records can be released to the individuals listed below and will remain in effect until I submit a written request to cancel.

Student Signature: Date:

**The below records and information maintained by NNMC AE can be released:**

* All documents contained in my file

**The information maintained by NNMC AE may be released to the following individual(s):**

Name (Print) Relation to student

Name (Print) Relation to student

I, (Print Name) **Do not** give consent to NNMC AE Program to release records and other information covered by the Family Rights and Privacy Act 1974 (FERPA)

Student Signature: Date: