

Kentucky Valley Educational Cooperative - Adult Education Program Enrollment Form

Client SSN	Last Name	First Name	Middle Initial	Enrollment Date
- -				/ /

Mailing Address	City	State	Zip Code

Home Phone		Have you attended Adult Education Classes?	No / Yes
Email Address		Last School Grade Completed	
Cell phone / Pager number		Years out of school	
Gender	Male Female	Date of Birth	/ / 19_____
Do you have a high school diploma?	No / Yes	<u>Ethnicity</u> (please circle choice below) 01 – African Indian / Alaskan Native 02 – Black, or African American 03 – Asian 04 – Hispanic or Latino 05 – White, not of Hispanic origin 06 – Native Hawaiian or Pacific Islander	
Have you earned a GED? If yes, when and where did you obtain a GED?	No / Yes When _____ Where _____		

Currently Receiving	
	Unemployment Insurance
	Disability SSI
	Public Assistance (KTAP)
	Public Assistance (Non-KTAP)

Other Client Information			
	Homeless		Employed
	U.S. Citizen		Unemployed
	Veteran		Correctional Facility
	Immigrant		Other: _____

How did you learn of our services?			
	Courts/Judicial		Media/Poster/Brochure/Friend
	Internet / web site		Technical Education
	Community Based Services		Business and Industry
	Community College		Other Adult Ed./Literacy Program
	Board of Education		One Stop Center
	KET/ GED on TV		Community Action Agency
	College/University		Other

-----office use only-----

Program Type		Interviewer	
Location of Class		Comments	