

WSWHE BOCES ADULT STUDENT RECORD FORM (rev 10/24)



1. Contact Information (Please Print Clearly)

First Name: _____ M.I. _____ Last Name: _____

DOB: (Required) _____ SS# _____ e-mail: _____

Address: _____ Phone: _____

City: _____ State: _____ Zip: _____ Other Phone: _____

<p>2. Sex/Gender (Required)</p> <p>Male Female</p>	<p>4. Employment Status</p> <p>Employed Full-time Employed Part-time Unemployed 1 year or more and available for work Unemployed less than 1 year and available for work Not Available for Employment</p>	<p>6. Public Assistance: (If receiving)</p> <p>Type: _____ Case #: _____</p>	<p>7. Nationality</p> <p>Country of Birth: _____ Date of US Settlement: ___/___/____ Citizen Refugee Immigrant</p>																																
<p>3. Race/Ethnic Identity (Required)</p> <p><u>One of the following MUST be checked:</u></p> <p><input type="checkbox"/> Hispanic/Latino/a <input type="checkbox"/> Non-Hispanic/Latino/a</p> <p><u>At least one of the following MUST be checked, more than one may be checked if appropriate:</u></p> <table border="0"> <tr> <td>Native Hawaiian</td> <td>African American</td> </tr> <tr> <td>Native American</td> <td>Afro-Caribbean</td> </tr> <tr> <td>Alaskan Native</td> <td>African</td> </tr> <tr> <td>Asian</td> <td>Latino/a</td> </tr> <tr> <td>Pacific Islander</td> <td>White (not Latino/a)</td> </tr> </table>	Native Hawaiian	African American	Native American	Afro-Caribbean	Alaskan Native	African	Asian	Latino/a	Pacific Islander	White (not Latino/a)	<p>5. Funding Source(s):</p>	<p>10. Population Categories</p> <table border="0"> <tr> <td>A Homeless</td> <td>K Employed at 200% of Poverty Level</td> </tr> <tr> <td>B Adults in Correctional Facilities</td> <td>L Rural Area Resident</td> </tr> <tr> <td>C Other Institutionalized Adults</td> <td>M Low Income</td> </tr> <tr> <td>D High School Grad. or Equiv. (US)</td> <td>N Migrant</td> </tr> <tr> <td>E Displaced Homemaker</td> <td>O Family Literacy</td> </tr> <tr> <td>F Head of Household</td> <td>P Parole</td> </tr> <tr> <td>G Adults with Disabilities</td> <td>Q Learning Disabled</td> </tr> <tr> <td>H Adults enrolled in Other Education or Training Programs</td> <td>R Student Edu History in NYS</td> </tr> <tr> <td>I Veterans</td> <td>U In community correctional facility</td> </tr> <tr> <td>J Dislocated Worker</td> <td>V Other: _____</td> </tr> <tr> <td></td> <td>W Non Native English Speaker</td> </tr> </table>		A Homeless	K Employed at 200% of Poverty Level	B Adults in Correctional Facilities	L Rural Area Resident	C Other Institutionalized Adults	M Low Income	D High School Grad. or Equiv. (US)	N Migrant	E Displaced Homemaker	O Family Literacy	F Head of Household	P Parole	G Adults with Disabilities	Q Learning Disabled	H Adults enrolled in Other Education or Training Programs	R Student Edu History in NYS	I Veterans	U In community correctional facility	J Dislocated Worker	V Other: _____		W Non Native English Speaker
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<p>8. School-aged Children</p> <p>Is the student a parent or guardian of Children under the age of 21?</p> <table border="0"> <tr> <td>Parent/Guardian</td> <td>Y</td> <td>N</td> </tr> <tr> <td>Single Parent</td> <td>Y</td> <td>N</td> </tr> </table> <p>If yes to above, enter <u>number</u> of children at each level:</p> <p>PreS ____ Elem ____ JHS __ HS ____</p>	Parent/Guardian	Y	N	Single Parent	Y	N	<p>9. Educational Background</p> <p>Highest Grade completed in US _____</p> <p>Highest Credential in Other Countries: High School or Sec School Diploma Undergrad/Bachelor's/Baccalaureate Master's/Graduate PhD/Doctorate</p> <p>Years of Schooling in Other Countries _____</p>	<p>11. How did you hear about us?</p> <p>_____ _____</p>	<p>Student Signature: _____</p> <p>Date: _____/_____/_____</p>																										
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