

**Proof of Residence:**

- Driver's License or State ID  
 Phone or Utility Bill  
 Pay Stub  
 Bank Statement



Enrollment Date: \_\_\_\_\_

UTOPIA #: \_\_\_\_\_

### Logan City School District Adult Education 2017-2018

<b>Last Name (Apellido):</b>		<b>First Name (Nombre):</b>		<b>Middle Name:</b>	
<b>Birthdate (Fecha de nacimiento):</b>			<b>Gender (Sexo):</b> <input type="checkbox"/> Male (Hombre) <input type="checkbox"/> Female (mujer)		<b>Refugee Entry Date:</b> _____
<b>Address (direccion)</b>		<b>City (ciudad)</b>	<b>State (estado)</b>	<b>Zip Code (codigo postal)</b>	
<b>Cell Phone (telefono celular):</b> Can text cell phone: Y / N Can contact via Facebook: Y / N			<b>Grievance Policy Signed for Current Year: Y / N</b>		<b>Refugee Type:</b> <input type="checkbox"/> Refugee <input type="checkbox"/> Asytle <input type="checkbox"/> Cuban or Haitian <input type="checkbox"/> Amerasian <input type="checkbox"/> Trafficking Victim <input type="checkbox"/> Special Visa
<b>Email (correo electronic):</b> How often do you check your email: (example: hourly, daily, weekly, etc.)			<b>Emergency Contact Name and Phone # (Contacto de emergencia y telefono):</b>		
<b>Highest Level of Education:</b> Outside US? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> No Schooling <input type="checkbox"/> Grades 1-5 <input type="checkbox"/> Grades 6-8 <input type="checkbox"/> Grades 9-12 (No Diploma)  Current or past Special Education Services (Resource) Y/N			<b>Native Country (Paiz de origen):</b> _____ <b>Race/Ethnicity (Identidad Etnica)</b> <input type="checkbox"/> Hispanic (Hispano) <input type="checkbox"/> Not Hispanic (No Hispano) <b>Race (Must Select one or more, regardless of ethnicity)</b> <input type="checkbox"/> White (Blanco) <input type="checkbox"/> Black (Negro) <input type="checkbox"/> Asian (Asiatico) <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> Alaska Native (Nativo Americano) <input type="checkbox"/> American Indian (Navajo, Ute, Paiute, Goshute, Shosone) <input type="checkbox"/> Self-Reported <input type="checkbox"/> Staff Observed		
<b>Labor Force Status (Estatus Laboral)</b> <input type="checkbox"/> Not in workforce (retirado, no busca trabajo) <input type="checkbox"/> Unemployed (desempleado/a) <input type="checkbox"/> Employed (empleado/a); (If so, Employer/Employador: _____)					
<b>Marital Status:</b> <input type="checkbox"/> Single (soltero/a) <input type="checkbox"/> Married (casado/a) <input type="checkbox"/> Divorced (divorciado/a) <input type="checkbox"/> Widowed (viudo/a) <input type="checkbox"/> Single Parent (Padre/Madre soltero/a)					
<b>Occupational Goal (meta ocupacional):</b> Goals: <input type="checkbox"/> Gain Employment <input type="checkbox"/> Retain or Improve Employment (metas) (obtener empleo) (mantener o mejorar mi empleo)			<b>Educational Goal:</b> Goals: <input type="checkbox"/> Obtain Diploma <input type="checkbox"/> Obtain GED		
<b>Referring Agency:</b> <input type="checkbox"/> None <input type="checkbox"/> Adult Probation & Parole <input type="checkbox"/> DWS <input type="checkbox"/> LDS Social Services <input type="checkbox"/> Valley Mental Health <input type="checkbox"/> Vocational Rehab <input type="checkbox"/> Other: _____					
<b>Waiver Release</b> I, _____, release all personal data/SEOP information (to include Social Security Number) and GED scores, if applicable, to the Utah State Office of Education and other state agencies for client counseling and data matching purposes. In addition to any additional Adult Education program that I may choose to attend.  <b>Student Signature:</b> _____ <b>Date Signed:</b> _____					

