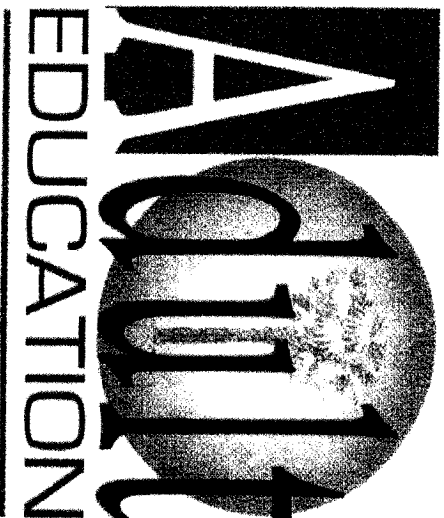


Beaufort County School District



Our Mission

The mission of Beaufort County's Adult/Community Education program is to create, in partnership with the school district, local businesses and industries, the community and educational system which best develops literate, self-directed, lifelong learners who will be significant contributors to society.

Student Name _____

Date _____

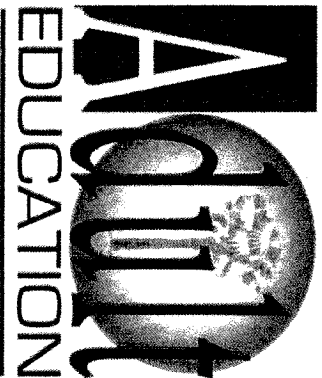
Student E-mail _____

Student Telephone Number _____

Our objective is to stay in contact with all students. If any of the above information changes, please notify your teacher or contact Adult Education at 843-322-0780 or 843-322-0781.
<http://AdultEd.beaufortschools.net>

The Beaufort County School District does not discriminate against any person on the basis of sex, race, religion, national origin, age, or handicap in any of its educational or employment programs or activities. Please contact Alice Walton, Chief Administrative and Human Resources officer at 843-322-2419 for questions/inquiry.

Beaufort County School District



Beaufort County School District

Adult Education

Enrollment Contract

Welcome

The following are mandatory requirements you must complete before attending/enrolling in any of our classes.

1. Complete enrollment application
2. Complete locator assessment
3. Complete TABE Assessment
4. Achieve a Career Readiness Certificate (WorkKeys Assessment)
5. Meet with our Transition Specialist
6. Complete 15 hours of orientation process which include items 1,2,3,4 and 5 above.

Eligibility Criteria #1 (Referring to #4 above) Your TABE assessment will determine whether you will begin the process of achieving your Career Readiness Certificate. If you were unsuccessful in obtaining an eligible TABE score to take the WorkKeys assessment, you will be required to attend our Career Readiness Class. Upon successful completion of this class, you will take the WorkKeys assessment to earn a Career Readiness Certificate.

Eligibility Criteria #2 (Referring to # 4 above) If your TABE score falls within eligibility criteria, you will Take the WorkKeys assessment. If your results from the WorkKeys assessment does not earn you a Career Readiness Certificate, then you will be required to attend the Career Readiness Class to receive remediation in the area(s) that prevented you from obtaining a Career Readiness Certificate. I have read, understand and agree with the requirements above.

SIGNATURE

DATE

Dr. Juanita Murrell, Director
1300 King Street, Beaufort, SC 29901

843-322-0780



Click here to enter text.
ADULT EDUCATION REGISTRATION FORM
 2017-2018

Site: _____

For Program Use Only
Date: _____
State ID _____
PS Withdrawal Cd _____

Last Name & Suffix		First Name		Middle/Maiden Name		Preferred Name	
Mailing Address							
City		State		Zip		County or School District of Residence	
Home Phone		Work Phone		Cell Phone		Email	
Date of Birth (mm/dd/yyyy)				Age		Gender (M/F)	

Ethnicity: Please check the "YES" or "NO" box on the line below to indicate ethnicity.
 (Definition: A Hispanic/Latino individual is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture/origin, regardless of race.)

Yes, I am Hispanic/Latino No, I am not Hispanic/Latino

Race: Check one or more boxes below to indicate your race.

American Indian or Alaskan Native Native Hawaiian or Other Pacific Islander
 Black or African American Asian White

Employment Status: Check only one box below to indicate employment status

Employed but pending separation incl. military Unemployed and looking for work Retired
 Unavailable for work Unemployed but not looking for work Employed Full or Part-time

Barriers to Employment (Check all that apply)

	Yes	No	Yes	No	Yes	No
Cultural barriers	<input type="checkbox"/>	<input type="checkbox"/>	Ex-offender	<input type="checkbox"/>	Low Levels Literacy (basic skills)	<input type="checkbox"/>
Disabled (enter type below)	<input type="checkbox"/>	<input type="checkbox"/>	Exhausting TANF	<input type="checkbox"/>	Migrant Farmworker	<input type="checkbox"/>
Disability:			Foster Care	<input type="checkbox"/>	Seasonal Farmworker	<input type="checkbox"/>
Displaced Homemaker	<input type="checkbox"/>	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	Single Parent	<input type="checkbox"/>
English Language Learner	<input type="checkbox"/>	<input type="checkbox"/>	Long-term Unemployed	<input type="checkbox"/>	Low-Income (Econ. Disadv.)	<input type="checkbox"/>
Immigrant	<input type="checkbox"/>	<input type="checkbox"/>	If Immigrant, Birth Country			

Education Level Completed (Check one):

No Schooling ; K-12 Grade _____ ; High School Diploma ; High School Equivalency Diploma ;
 Some College education (no degree) ; College or Professional Degree

Location of Education: U.S. Schools? Yes No Name of Last High School Attended: _____
 Have you attended adult education before? If Yes, where? _____ When? _____

If you are between ages 17-21, are you currently expelled from school? Yes No Why are you enrolling in Adult Education? (Check all that apply)

Do you receive Public Assistance? Yes No Please circle which type: SNAP TANF WIOA Other: _____

To improve my education: To improve skills so I can find a job.

To improve skills so that I can keep my job or find a better job. To learn English.

To improve skills so that I can attend technical, training or other college. To increase involvement in children's education.

Your signature below indicates the following: All information provided on this form is accurate to the best of your knowledge AND you understand and agree to the Program Rules, Dress Code & Internet Policy.

Student Signature: _____ Date: _____
 This form is void after June 30, 2018 The Registration Form and Authorization for Release of Information form must be completed. Updated on April 6, 2017

For Office Use Only:

LACES Primary Program Assigned:

Adult Ed (W/K only or Parapro)	Adult Ed Basic	Adult High School	ESL	HSE	Adult Literacy	Family Literacy	Transition	Workplace

Grants: _____

Comment Code: AEFL1718 (Family Literacy) Keyword2: (W)orkKeys, (L)evel 5, ABE

Secondary Program: IEL/CE Yes No Institutional: Yes No

DACAP? Yes No Career Pathway: _____

INDIVIDUAL PROGRAMS MAY CUSTOMIZE THE REMAINDER OF THIS FORM.

PARENTING (Family Literacy) GOALS

Students must set a minimum of one primary goal, and one secondary goal in the same area. More than one primary and secondary goal may be set.

Primary Family Literacy Goal: Increase involvement in children's education.

Set one or more secondary goals: **Set Goal**

Secondary Family Literacy Goals:

Help more frequently with school	<input type="checkbox"/>
Increase contact with children's teachers	<input type="checkbox"/>
More involved in children's school activities	<input type="checkbox"/>

Primary Family Literacy Goal: Increase involvement in children's literacy activities.

Set one or more secondary goals: **Set Goal**

Secondary Family Literacy Goals:

Reading to children	<input type="checkbox"/>
Visiting Library	<input type="checkbox"/>
Purchasing books or magazines	<input type="checkbox"/>

OTHER GOALS TO BE SET ARE NCRC & PARAPRO.

NCRC MET GOALS EFFECT STATE FUNDING. NCRC & PARAPRO MET GOALS EFFECT HAS LEVEL ON CUSTOM SC TABLE 4.

Intake Staff Signature: _____ Date: _____

Form expiration date: June 30, 2018



Beaufort County School District Adult Education
 1300 King St./P. O. Drawer 309
 Beaufort SC 29901

AUTHORIZATION FOR RELEASE OF INFORMATION

I give permission for the release of my employment, participation in SNAP2Work program, and post-secondary school information by the following agencies to the South Carolina Department of Education (SCDE). I understand that my social security number will be used by the SCDE as well as Adult Education's state & local partner agencies. My social security number will not be released to any other third party.

Yes	No	Release to Data Match Agency:
<input type="checkbox"/>	<input type="checkbox"/>	S.C. Dept. of Employment and Workforce P. O. Box 995, 1550 Gadsden St. Columbia, SC 29202
<input type="checkbox"/>	<input type="checkbox"/>	Phone No (803) 737-2588, Fax No (803) 737-0140
<input type="checkbox"/>	<input type="checkbox"/>	Post-Secondary Institutions (to include but not limited to): S.C. Technical Colleges or the Commission on Higher Education

I give permission to the Adult Education program listed above to release my academic, attendance, and/or assessment information (including High School Equivalency Diploma Test Scores) to the following:

Yes	No	Release To:
<input type="checkbox"/>	<input type="checkbox"/>	Military Recruiters
<input type="checkbox"/>	<input type="checkbox"/>	Potential Employers
<input type="checkbox"/>	<input type="checkbox"/>	Parent/Guardian
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Student's Name Printed _____

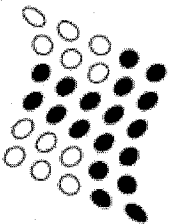
Social Security or
 Individual Taxpayer
 Identification Number
 (ITIN): _____

Student's Signature: _____

Signature of Student _____

Date _____

This page for permanent folder only - DO NOT COPY for teacher or student folder



**TECHNICAL COLLEGE
OF THE LOWCOUNTRY**

Student Information Release Authorization

In accordance with the Family Educational Rights and Privacy Act (FERPA) of 1974, the Technical College of the Lowcountry must obtain written consent from a student before releasing any educational or financial information regarding that student to a third party. Such a written request must be signed and dated by the student, specify the type of information to be released, state the purpose of the release, and identify the party to whom the information may be released.

Student Name (Print) _____

Student ID Number _____

Phone# _____

Information to be Released: (Check all that Apply or Check All of the Above. If information to be released is not included in the list below, please indicate under Other)

____ Financial Aid Information

____ Enrollment Status

____ Billing Information

____ Course Registration Information

____ Veteran's Benefits Information

____ Grades/GPA, academic progress, attendance

____ In School Deferment Information

____ Transcripts

____ Placement Test Scores/Testing Information

____ All of the Above

____ Other: _____

I authorize the Technical College of the Lowcountry to release the indicated information to the person/agency specified below:

Name of Person or Agency _____

Relation to Student (If Applicable) _____

Street Address _____

City _____

State _____

Zip _____

Fax#: _____

E-mail Address: _____

Purpose of the Release of Information: (Please State Reason for Release of Information)

This release will remain in effect until the requestor cancels it in writing at the Registrars' office.

I wish to release the information as described above.

I wish to cancel the above release authorization

Student Signature/Date _____

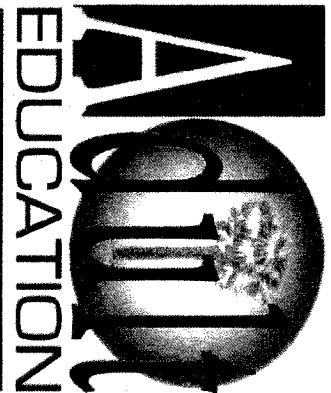
Student Signature/Date _____

The Technical College of the Lowcountry is committed to a policy of equal opportunity for all qualified applicants for admissions or employment without regard to race, gender, national origin, age, religion, marital status, veteran status, disability or political affiliation or belief.

Student Records Office Use Only. Receipt Date _____

Staff Signature _____

Beaufort County School District



Beaufort County School District Adult Education

1300 King Street

Post Office Drawer 309

Beaufort, S.C. 29901

Phone (843) 322-0780 or 322-0781

Fax (843) 322-5645

Adult Education Rules and Regulations

(Please Read and Sign)

- School officially begins at 9:00 AM. If you are late without prior notification you must take the remainder of the day off.
 - Once class has begun, you must sign out when leaving the classroom and sign in upon return. Failure to do so will result in time being deducted from your class time.
 - There will be no sitting in cars at any time of the day.
 - There will be no loitering in the lobby, front office or hallways.
 - Absolutely NO SMOKING allowed on campus.
 - The classroom phone is for emergency use only.
 - Confrontations involving students will result in immediate dismissal from the Adult Education Program.
 - Sleeping is not allowed in class.
 - Books are not to be removed from your classroom. All work must be completed in the classroom.
 - Cellphones, I-pods or any musical device should not be brought to class.
 - Do not drop or leave trash in the hallways, snack area or outside the building.
 - You are responsible for keeping the restrooms clean. Flush the toilets and wash your hands.
 - You must supply your own paper and pencils. They are not sold in the office.
 - You must display a positive adult behavior at all times.
 - Keep in mind that you are enrolled in an Adult Education Program.
 - The following Dress Code will be enforced.
 - **NO Halter tops or Midriff tops are to be worn.**
 - **NO Tank tops for males or females are allowed.**
 - **No Shorts or Skirts above your fingertips (arm down to your side) are allowed.**
 - **Hats, Sunglasses and "Do rags" are not to be worn inside the building.**
 - **Clothes should not be so tight fitting that it leaves" nothing to the imagination".**
- FAILURE TO ADHERE TO THE ABOVE STATED RULES AND REGULATIONS WILL RESULT IN IMMEDIATE SUSPENSION, EXPULSION OR ARREST.**

I HAVE READ AND AGREE TO ABIDE BY THE ABOVE RULES AND REGULATIONS:

SIGNATURE _____

DATE _____

Beaufort County School District

Adult Education

Post Office Drawer 309

Beaufort, South Carolina 29901-0309

Physical Location: 1300 King Street Beaufort, SC.

Phone: (843) 322-0780 or (843) 322-0781 Fax: (843) 322-5645

Transcript Request

The Student indicated has enrolled in the Beaufort County Adult Education Program. In order that we may assist this student in continuing his/her high school education, please send us a transcript of all the credits earned while in attendance at your school. The transcript must contain specific course titles, such as U.S. History, rather than social studies. An explanation of your grading system as well as any other pertinent information such as Psychological Test results and Exit Exam scores would also be helpful in our placement process.

Thank you for your prompt attention to this request. Please return this form with transcript/exit exam/HSAP scores or any other test scores.

Name: _____

Maiden Name: (if married) _____

Social Security Number: _____

Highest Grade Completed: _____

Name/Address of last school attended: _____

Signature _____ Date _____

Diploma Requirement

Effective July 1, 2015

Students who enrolled in Beaufort County School District Adult Education diploma program E2020 courses are required to complete their courses within 90 days. If you do not complete your courses within 90 days, you will be placed on a 30 day probation period in which you will not have access to your course during this probation period.

Once your probation period has ended, you will have access to your course again.

We will extend your completion period for another 30 days. If you do not complete your course within the 30 days, we will suspend you from E2020 until the following school year.

Student Signature

Dr. Juanita Murrell, Director

South Carolina Department of Social Services
SNAP 2 WORK PROGRAM
VOLUNTARY PARTICIPATION AGREEMENT

Welcome to the **SNAP 2 Work Program!** By volunteering to participate in this program you will have the opportunity to receive services that will help you get a job or get a better job if you're already employed.

In cooperation with other state and local agencies and community-based organizations, we are offering you the opportunity to receive appropriate services which could include:

- * Job search,
- * Job search training,
- * Work experience,
- * Education, and
- * Self-employment training

You have a strong chance of getting a job by volunteering for this program.

These services will be provided at no cost to you. These services will be funded by the Supplemental Nutrition Assistance Program (SNAP) and participating agencies. Should you choose to take this opportunity, you may also be provided assistance with transportation, child care, and other costs related to participating.

This is a voluntary program. You are not required to participate in order to continue receiving SNAP benefits (Food Stamps).

If you would like to be a part of this program, please sign the statement below:

- * I understand that this is a voluntary program, and does not affect my SNAP benefits.
- * I understand that while this is a voluntary program, I agree to fully participate in order to increase my chances of finding employment or getting a better job.

PLEASE READ!!

Transportation Reimbursement- up to \$50 a month for Transportation for clients who demonstrates the need. Must be a register participation in the assigned programs (Adult Ed, SC Works, and TCL Program) or in attendance of the Job Fairs. Proof of participation in the activity is required.

Equipment/Tools Reimbursement- up to \$50 (one time per year) for purchase of equipment/tools/uniforms required to participate in an activity. Proof of participation in activity required along with purchase receipts. Reimbursement for paid employment related expenses not allowed.

Signature _____

Date _____

Social Security# _____

New Passenger Questionnaire

Name (& Agency, if applicable) of person filling this out: _____

Driver: _____ Route: _____

Date: _____ Pick up Time: _____

Today's Trip Origin: _____

Today's Trip Destination: _____

Purpose of Today's Trip (ex. Work, Doctors, etc.) _____

Is Today's Trip One-Way or a Round-Trip? _____

Number of Children/ Attendants: _____

Rider's Name: _____

Home Address: _____

Mailing Address: _____

Phone Number (home): _____

Phone Number (cell): _____

Phone Number (other): _____

**please note if this is a friend or family member's phone number*

Mobility Device Used (ex. Wheelchair, walker, cane): _____

Is a Wheelchair Lift Needed: _____

How Did You Hear About Palmetto Breeze: _____

Are you a Veteran or Active Duty in the Armed Forces: _____

Emergency Contact Info:

NAME: _____

Relationship: _____

Home Phone: _____

Cell Phone: _____

Please call 843.757.5782 to schedule future trips.

Date: _____

Adult Education New Student Survey

Yes or No

1. Did you feel welcome when you came through the door? _____
If no, please explain: _____

2. Was the application process explained to you? _____ If no, please explain: _____

3. Was the testing process explained to you? _____
If no, please explain: _____

4. Was the testing room quiet? _____ If no, please explain: _____

5. Did you speak to the transition specialist about the Adult Education program, your goals, and help with college scholarships/tuition? _____
If no, please explain: _____

6. Were you treated with respect and kindness by everyone? _____ If no, please explain: _____

7. Will you recommend the Adult Education Program to individuals? _____
If No, please explain: _____

8. What can we do to improve our services to you? _____

9. Would you like the Director to contact you? _____
Name: _____ Tele. # _____

If you want to, you can contact me at 843-322-0780

Juanita.Murrell@Beaufort.k12.sc.us

My door is always open if you want to talk to me before you leave.