



# Adult Learning Center Manhattan Area Technical College

## 2019-2020 ESL Enrollment Form

### Student Information

Full Name: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Vehicle: \_\_\_\_\_ Color: \_\_\_\_\_

Year: \_\_\_\_\_ License Plate: \_\_\_\_\_

Returning Student: YES  NO  Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth (*City & State, or City & Country*): \_\_\_\_\_

Gender:  Male  Female  Prefer not to answer Ethnicity:  Hispanic/Latino  Non-Hispanic

Race:  Black/African American  American Indian or Alaska Native  Asian  Native Hawaiian or Pacific Islander  White

Country of Origin: \_\_\_\_\_ Native Language: \_\_\_\_\_ T-Shirt Size: \_\_\_\_\_

Single Parent: YES  NO  Number of Children 12 and under: \_\_\_\_\_ Number of Children 5 and under: \_\_\_\_\_

Are they Enrolled in Head Start: YES  NO  Number of Children Living with you: \_\_\_\_\_

Eligibility/ID:  Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_  Birth Certificate  Passport

EXIT Form (minors only)  Other \_\_\_\_\_

Labor Status:  Employed  Unemployed and Looking for a Job  Not Looking/not able to work (*not in labor force; incorrect visa status*)

If employed; where: \_\_\_\_\_ Employers Phone Number: \_\_\_\_\_

How did you learn about our services?

Flyer  Website  Social Media  High School Counselor  Other: \_\_\_\_\_

## Emergency Contact Information

*Individual not living in the household. If under 18; must list parent or guardian*

Full Name: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*Last First*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_

*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## Education

- None  Grades 1-5  Grades 6-8  Grades 9-12 (no diploma)  HS Diploma/alternate credential
- GED  Some College with no Degree  College or Professional Degree  Unknown

Highest/Last Grade Completed: \_\_\_\_\_ Last School Attended: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate?  YES  NO Degree: \_\_\_\_\_

## Barriers to Employment

*please check all that apply*

- Displaced Homemaker  Low-Income individual (< \$12,060)
- Individual with Disability  Homeless individual
- Ex-Offender  Long-Term Unemployment
- Youth who is in or has aged out of foster care system  Eligible Migrant & Season Farmworker
- Low literacy learner and faces cultural barriers  Other
- Individual within 2 years of exhausting lifetime TABF eligibility \_\_\_\_\_

## Follow Up Information

Adult Education may conduct surveys for 2-5 years past the date you EXIT our programs. We must be able to get ahold of you during that time. Please provide contact information for people in the USA who will know how to contact you IF you move from your present address. Please do not list your spouse, or previous emergency contact information.

Contact #1: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*Last First*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Contact #2: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_  
*Last First*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

## Information Request

I authorize Adult Education at Manhattan Area Technical College to receive and/or release information relating to my attendance, educational progress, GED test scores, special education services, transcripts and any further information, which informs my educational needs. I understand this consent remains in effect until revoked by me in writing and is completely voluntary.

### Authorization Given to speak with:

Adult Education Faculty, Counselor, Director

Kansas Board of Regents Adult Education

TRIO Educational Consultant

Probation Office      Name of Probation Officer: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Photo Release Form

Manhattan Area Technical College  
Adult Learning Center

I release the use of my photograph for use in Manhattan Area Technical College's publications and or Websites for promotional purposes. Examples are but not limited to; MATC publications, television broadcasts, video productions, The Manhattan Mercury, the ALC website, social media, public relations and advertising activities.

I authorize the use of my photographs, name, likeness and performance for general educational, non-commercial purposes by Manhattan Area Technical College for as long, or as often, as is deemed necessary. My name, photograph and likeness may be used to publicize and promote programs offered by MATC.

I hereby release Manhattan Area Technical College from any claim by me for damage to my person, property, reputation, or for invasion of privacy.

I affirm that to the best of my knowledge all material furnished and used by me in this activity is my own original material or material which I have full authority to use for such purposes. I further affirm that Manhattan Area Technical College is the owner of all rights herein and to said activity, and that no monetary consideration is due me.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Annual Notice of Authorized Student Data Disclosures

2019-2020

### Manhattan Adult Learning Center | Manhattan, Kansas

In accordance with the Kansas Student Data Privacy Act (2014), student data submitted to or maintained in a statewide longitudinal data system may only be disclosed as follows. Such data may be disclosed to:

- The authorized personnel of an educational agency or the state board of regents who require disclosures to perform assigned duties; and
- The student and the parent or legal guardian of the student, provided the data pertains solely to the student.

Student data may be disclosed to authorize personnel of any state agency, or to a service provider of a state agency, educational agency, or school performing instruction, assessment, or longitudinal reporting, provided a data-sharing agreement between the educational agency and other state agency or service provider provides the following:

- Purpose, scope and duration of the data-sharing agreement;
- Recipient of student data use such information solely for the purposes specified in agreement;
- Recipient shall comply with data access, use, and security restrictions specifically described in agreement; and
- Student data shall be destroyed when no longer necessary for purposes of the data-sharing agreement or upon expiration of the agreement, whichever occurs first.
  - A service provider engaged to perform a function of instruction may be allowed to retain student transcripts as required by applicable laws and rules and regulations.

Unless an adult student or parent or guardian of a minor student provides written consent to disclose personally identifiable student data, student data may only be disclosed to a governmental entity not specified above or any public or private audit and evaluation or research organization if the data is aggregate data. "Aggregate data" means data collected or reported at the group, cohort, or institutional level and which contains no personally identifiable student data.

The district may disclose:

- Student directory information when necessary and the student's parent or legal guardian has consented in writing;
- Directory information to an enhancement vendor providing photography services, class ring services, yearbook publishing services, memorabilia services, or similar services;
- Any information requiring disclosure pursuant to state statutes;
- Student data pursuant to any lawful subpoena or court order directing such disclosure; and
- Student data to a public or private postsecondary educational institution for purposes of application or admission of a student to such postsecondary educational institution with the student's written consent.

I acknowledge that I have been provided with notice of authorized student data disclosures under the Student Data Privacy Act.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

## Use of Personal Data

The Family Educational Rights and Privacy Act (FERPA) and the Kansas Student Data Privacy Act protect the privacy of student education records. With your consent, your data may be shared. Sharing your data may benefit your education and career goals by helping determine eligibility for services and support.

**Instructions:** To grant consent to share data, please check the box in the “Grant Consent” column beside the agency or agencies listed below.

To withdraw previously granted consent, please check the box in the “Withdraw Consent” column.

Grant Consent	Withdraw Consent	Agency/Organization
<input type="checkbox"/>	<input type="checkbox"/>	<b>All agencies listed below</b>
<input type="checkbox"/>	<input type="checkbox"/>	Kansas Board of Regents, Adult Education Centers, and Kansas Postsecondary Educational Institutions
<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department of Commerce, including workforce partners receiving federal funds
<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department for Aging and Disability Services
<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department for Children and Families
<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department of Health and Environment
<input type="checkbox"/>	<input type="checkbox"/>	Kansas Department of Corrections
<input type="checkbox"/>	<input type="checkbox"/>	Kansas State Department of Education

I understand granting consent allows selected agencies to share my data with one another. Shared data may include, but is not limited to, name, address, social security number, date of birth, GED® exam scores, other test results, transcripts, employment, goals, and outcomes. Shared data may help determine if I qualify for career and training services. My consent also allows these agencies to use my information to prepare reports and evaluate programs.

I understand that I can withdraw consent at any time. To withdraw consent, I may contact the agency or check the “Withdraw Consent” box on a copy of this form and submit it to an agency listed above. I understand that withdrawing consent will stop the selected agencies from sharing my personal data.

I understand that my consent is voluntary. No services will be denied if I do not provide consent.

By signing I acknowledge that I grant consent or withdraw previously granted consent for the sharing of my personal data between the agencies as checked above.

**Student Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_