



Registration Form

CONFIDENTIAL (if highlighted)

Name: _____ Social Security #: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (home) _____ (cell) _____ (work) _____ Email _____
Age: _____ Date of Birth: _____ Place of Birth: _____
☐ Male ☐ Female ☐ Nonbinary Is English your first language? ☐ Yes ☐ No
☐ Hispanic/Latino ☐ African American/Black ☐ Asian ☐ Native Hawaiian or Other Pacific Islander
☐ White ☐ American Indian/Alaskan ☐ Other _____

How did you hear about the External Diploma Program?

- ☐ Friend/relative ☐ Employer
☐ Community organization ☐ Military
☐ Counselor ☐ Brochure
☐ Newspaper ☐ Radio/TV
☐ Welfare ☐ Internet
☐ Other agency (specify): _____
☐ Other (specify): _____

Last school attended: _____

Where (city, state): _____

Voluntary: Did you have an IEP or 504 Plan in school? ☐ Yes ☐ No

Reason for Enrollment

☐ HS Diploma (Default)

Additional Goal (Optional, check one)

- ☐ Get a job
☐ Retain job
☐ Enter postsecondary education or training
☐ Improve basic skills
☐ Improve English skills
☐ Family goal
☐ U.S. Citizenship
☐ Military
☐ Personal goal

Employment Status: ☐ Employed ☐ Unemployed ☐ Not in the Labor Force

If Employed:

- ☐ Full time (35 hours per week or more)
☐ Part time (less than 35 hours per week)

Current Occupation: _____

Employer: _____

Address: _____

Length of time employed there: _____

Are you a full-time homemaker? ☐ Yes ☐ No

Are you working with a social service agency? ☐ Yes ☐ No

☐ Voc Rehabilitation

☐ Other: _____

Are you currently enrolled in a training program? ☐ Yes ☐ No

Do you plan to register in a college or other higher education institution after graduation? ☐ Yes ☐ No

Last Grade Completed: ☐ 6 or less ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ beyond 12

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Name: _____

Core Follow-Up Outcomes:

(Choose all that apply)

- ☐ Entered employment
- ☐ Retained employment
- ☐ Obtained high school diploma
- ☐ Placed in postsecondary education/training

Date PR Completed: _____

Date of Graduation: _____

Reasons for Exiting before Completion:

(Choose all that apply)

- ☐ Met Additional Goal
(other than as indicated in CORE FOLLOW-UP OUTCOMES)
- ☐ Moved
- ☐ Lack of transportation
- ☐ Lack of child care
- ☐ Schedule conflict
- ☐ Family problems
- ☐ Own health problems
- ☐ Lack of interest
- ☐ Administratively separated
- ☐ Did not meet expectations
- ☐ Other _____