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 of 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 _____