



# THE VIRGIN ISLANDS DEPARTMENT OF EDUCATION



Adult Education & Family Literacy Center

\* 1834 Kongens Gade, St. Thomas, VI 00802

Telephone: (340)774-6277 Enrollment

## Application (Adult Ed. and ESL) Dual Enrollment

Application Date: \_\_\_\_\_ Semester: 1<sup>st</sup> 2<sup>nd</sup> Day Evening

### Applicant Data

Name: \_\_\_\_\_ Soc. Security #: \_\_\_\_\_  
(Enter name EXACTLY as it appears on your ID)

Physical Address: \_\_\_\_\_ Apartment or Unit: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone #: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Alt. Phone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### Demographic Information Date

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: Male Female

#### Citizenship:

U.S. Citizen or Naturalized U.S. Permanent Resident Alien/Refugee Lawfully Admitted

If non-U.S. citizen, Alien Registration #: A \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Do you consider yourself to be of Hispanic Heritage? Yes No Haitian Heritage? Yes No

#### Race:

African American/Black American Indian/Alaskan Native Asian  
Native Hawaiian/Pacific Islander White

## Educational Information

**Highest Grade Completed** (select one)    1    2    3    4    5    6    7    8    9    10    11    12

**Highest Credential Earned:**            V            High School Diploma            GED            Certificate of Attendance/Completion

Postsecondary Technical or Vocational Certificat            Associate's            Bachelor's

Master's            Specialist's            Doctorate of Professional Degree

Where was your schooling completed?            US Schooling            Non-U.S.-Based Schooling

**Educational Goals:** (check all that apply)

Earn High School Diploma            Improve Basic Skills            Read & Write English            Join the Military

Attend College/University            Seek Employment            Gain one or more Education Level

## Dual Enrollment

- Clinical Medical Assistant    Medical Administrative Assistant    Phlebotomy Technician    Carpentry Technician  
 Computer Applications    Cosmetology Technician    Hair Braiding Technician    Nail Technician    Culinary Arts  
 Emergency Medical Technician    Heating Venting Air Conditioning & Refrigeration    Licensed Practical Nurse

## Student Status and Special Populations/Needs

Employed            Employed w/notice of termination, facility closure; or a transitioning service member

Unemployed and not looking for work            Not looking for work (e.g., homemaker, retired, etc.)

Have you received Unemployment Compensation Insurance within the last 6-months?    Yes            No

### Check all that apply

	<b>Low Income</b> - Do you receive SNAP, TANF, SSI or local public assistance? Are you foster child or homeless?
	<b>Displaced Homemaker</b> - Did you provide unpaid services in the home and were dependent on the income of another but you are no longer supported by that income, and are experiencing difficulty in obtaining or upgrading employment?
	<b>Single Parent</b> - (or single pregnant woman) Are you single, separated, divorced or a widowed individual who has primary responsibility for one or more dependent children under the age of 18? Are you a single, pregnant woman?
	<b>Dislocated Worker</b> - Have you been terminated or laid off, or received a notice of termination or layoff, or been notified of a permanent closure of a plant, facility or enterprise where you are employed?
	<b>Homeless or Runaway Youth</b> - Do you lack a fixed, regular, and adequate nighttime residence? Are you under 18 and leave home without parent permission?
	<b>Ex-Offender</b> - Have you been subject to any stage of the criminal justice process for committing an offense or delinquent act? Do you require assistance in overcoming barriers to employment resulting from an arrest or conviction?
	<b>Foster Care Youth</b> (age 14-21) - Are you currently in the foster care system or have you aged out of the foster care system?
	<b>Cultural Barriers</b> - Do you have attitudes, beliefs, customs or practices that influence a way of thinking, acting, or working that are a hindrance to employment
	<b>Migrant/Seasonal Farmworker</b>

Special Accommodations Notice (optional disclosure) - If you have a disability and desire any special accommodations for instruction or testing, it is your responsibility to notify the program administrative office and provide professional documentation of disability. A disability is a physical or mental impairment that substantially limits one or more of a person's major life activities. If you do not wish to disclose your disability, leave the question below blank.

Are you an individual with a disability?    Yes    No    If yes, what type?    Learning    Physical    Both

**Veteran Information**

<b>Have you served in the U.S. Military?</b>	No      Yes, Eligible Veteran				
	Yes, less than or equal to 180-days and not discharged honorably				
	Yes, Other Eligible Person (spouse or child of disabled veteran)				
Are you a campaign Veteran?	Yes	No	Are you disabled Veteran?	Yes	No
Are you a recently separated Veteran? (within last 48-months)      Yes      No					

**How did you hear about the program?**      Print Media      Friend      TV      Radio  
    Referral      Internet      Family      Previous Enrollment

If you were referred, please indicate which agency. \_\_\_\_\_

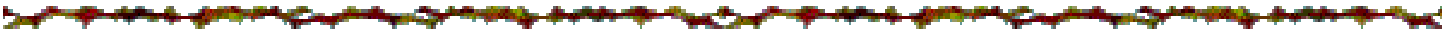
**Emergency Information**

Do you have a medical condition?      No      Yes      Please explain \_\_\_\_\_

In case of emergency, who may we contact? Name: \_\_\_\_\_

Relationship to you:      Parent      Child      Spouse      Friend      Sibling      Other

Phone # 1: \_\_\_\_\_ Phone # 2: \_\_\_\_\_ Phone # 3: \_\_\_\_\_



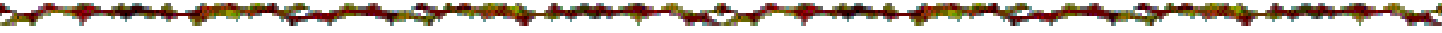
I hereby affirm that the information provided on this application is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for WIOA program activities and may be justification for dismissal if discovered at a later date.      Applicant Initials: \_\_\_\_\_

Disclosure of you social security number is mandatory. However, Pursuant to the Privacy Act of 1974 and Section 119.07 (5) (a) 3 F.S. (2005) and 5 USCA 552a, your social security number and personal information will be protected as confidential information by all staff members. Social Security numbers will be used by WIOA service provider for identifying and tracking services. This information is reported to any/all approved Federal and State agencies regarding those services, and dollars spent as allowed under the Privacy Act.

Applicant's Signatory Name: \_\_\_\_\_ Date: \_\_\_\_\_

“No person shall be discriminated in employment or in any educational program or activity offered by the Virgin Islands Department of Education on account of race, color creed, national origin, sex, handicap or age.”

Complainants may write to: Department of Education Legal Counsel \* 1834 Kongens Gade \* Charlotte Amalie, St. Thomas, VI 00802



**Payment is non-refundable two weeks after commencement of classes.**

**Fees / Payment:**

Tuition: \_\_\_\_\_ Money Order/Check #: \_\_\_\_\_ Receipt #: \_\_\_\_\_

All payments should be made by money order only, payable to: **Government of the Virgin Islands.**

**Referral Agency:** \_\_\_\_\_

(Please provide referral form)

