

STAFF MEMBER ONLY

UTopia ID: _____ Enrollment Date: _____ Offender Number: _____
 Other ID: _____ GEDTS Candidate ID: _____

DEMOGRAPHIC INFORMATION

LEGAL FIRST NAME: _____ *MIDDLE NAME:* _____
LEGAL LAST NAME: _____ *PREVIOUS LAST NAME:* _____
DATE OF BIRTH: _____ **SSN:** _____
GENDER: Male Female **PRIMARY PHONE:** _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

COUNTY: _____ *EMERGENCY PHONE:* _____

EMAIL: _____

RACE:

- Asian Black White
 Pacific Islander Alaska Native American Indian

ETHNICITY:

- Hispanic/Latino
 Not Hispanic/Latino

TRIBAL AFFILIATION:

- Navajo Ute Piute
 Goshute NW Band of Shoshone Other

REFUGEE TYPE:

- Refugee Asylee Cuban/Haitian
 Amerasian Trafficking Special Visa

REFUGEE DATE: _____

ALIEN NUMBER: _____

- NATIVE LANGUAGE:* English German Cambodian Spanish Other
 Chinese Somali French Korean

MIGRANT STATUS:

- None Migrant and Seasonal Farm Worker
 Seasonal Farm Worker Dependent of Migrant/Seasonal Worker

EDUCATION INFORMATION

HIGHEST GRADE COMPLETED AT PROGRAM ENTRY:

- No Schooling Completed Grade 1 Grade 2 Grade 3 Grade 4
 Grade 5 Grade 6 Grade 7 Grade 8 Grade 9
 Grade 10 Grade 11 Grade 12 Achieved HS Diploma Achieved HS Equivalency (GED)
 Disability and achieved Individual Education Plan (IEP) Completed Some College Associates Degree Bachelor's Degree Beyond Bachelor's Degree

LOCATION OF HIGHEST GRADE COMPLETED:

- US School *HAD IEP?* Yes
 Non-US School No

LAST K-12 DISTRICT TYPE: Public Charter

SSID: _____

LAST K-12 UTAH DISTRICT: _____

LAST K-12 SCHOOL: _____

GOALS/STATUSES

CURRENT EMPLOYEMENT STATUS:

- Employed
- Employed, received termination notice/military separation
- Not in Labor Force, not seeking employment
- Unemployed, seeking employment

LONG-TERM UNEMPLOYED:

- Yes, Unemployed > 27 consecutive weeks
- No

CULTURAL BARRIER:

- Yes
- No

EX-OFFENDER:

- Yes
- No

INDIVIDUAL WITH A DISABILITY (INCLUDING A LEARNING DISABILITY):

- Yes
- No

EXHAUSTING TANF WITHIN 2 YEARS:

- Yes
- No

IN CORRECTIONAL FACILITY:

- Yes
- No

IN OTHER INSTITUTIONAL SETTING:

- Yes
- No

ON PUBLIC ASSISTANCE:

- On Public Assistance
- Not On Public Assistance

DISABILITY STATUS

- None
- Physically Impaired
- Mentally Impaired
- Specific Learning Disabled

DISPLACED HOMEMAKER:

- Yes
- No

LOW INCOME:

- Yes
- No

HOMELESS/RUNAWAY YOUTH:

- Yes
- No

YOUTH IN FOSTER CARE/AGED OUT OF SYSTEM:

- Yes
- No

SINGLE PARENT:

- Yes
- No

IN COMMUNITY CORRECTIONAL PROGRAM:

- Yes
- No

ON PROBATION:

- Yes
- No

IF "On Public Assistance", WHICH SERVICES?

- Food Stamps
- WIC
- Other

PARTNER AGENCIES

Are you working with any of the following agencies?

- DEPARTMENT OF WORKFORCE SERVICES: Yes No
- UTAH STATE OFFICE OF REHABILITATION: Yes No
- UTAH DEPARTMENT OF CORRECTIONS: Yes No

RELEASE WAIVER

I release all personal data (including social security number), Plan for College and Career Readiness information and GED scores, if applicable, to the Utah State Board of Education and other state agencies for client counseling and data matching purposes, in addition to any additional Adult Education program that I may choose to attend.

Parents must sign if student is under 18.

I give permission to release my data

I refuse to release my data

SIGNATURE: _____

DATE: _____

PARENT SIGNATURE: _____

DATE: _____

No refunds on registration or book fees.

OFFICE USE ONLY

FEES: Classes \$25 per quarter Math Book \$15

Total Paid: \$ _____ Receipt # _____

_____ Proof of Residency (driver license, state ID, transcripts, business letter, utility bill, etc.) _____
(description)

_____ State SEOP form completed and signed

Funding Code 2 3

_____ Transcript provided or in student file

SSID (if applicable) _____

_____ *High School Withdrawl Form (if applicable)

Parking Information given to Patron _____