

Southpointe High School

Jason Skidmore
Director

9301 So. Wight Fort Road (3400 W.) West Jordan Utah 84088
Phone (801) 256-5954 • FAX (801) 256-5992

STUDENT REGISTRATION – High School Credit Diploma

Today's Date: ___/___/___

Name _____ Birthdate: ___/___/___ Soc. Sec. # _____
Last First M.I. (REQUIRED)

Address: _____ Telephone: (____) _____
City Zip

Email Address: _____

Gender: Male Female Ethnicity: Hispanic/Latino Not Hispanic/Latino

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

Career Goal(s): _____

What are your education/training plans after receiving your HS diploma? _____

Employment: Employed Unemployed Not in the Work Force (Not looking for work)

Education:

Have you attended a Utah K-12 public or charter school in or since 2005? Yes No

Last School Attended: _____ School District: _____

Last Grade Completed _____ Year Class Graduated: _____

Have you ever been in Special Education/Resource classes? Yes No

If you were referred to Southpointe Adult High, who or what agency referred you? _____

AGREEMENT/PERMISSION:

It is my intention to work toward the completion of the requirements for a Southpointe Adult High School Diploma/GED. I understand and agree to comply with all Jordan District policies and guidelines. My failure to do so may result in my inability to attend Southpointe Adult High School.

I release all personal data/SEOP information (to include social security number) and GED scores, if applicable, to Utah State Office 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.

Student Signature

No refunds on registration or book fees.

OFFICE USE

FEES: Quarter Registration \$25 Book Fee \$25 (optional) Total Paid \$ _____ Receipt # _____
 Semester Registration \$50

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

_____ State SEOP signed (description) Funding Code 2 3

_____ Transcript Parking # _____

_____ State Adult Ed/GED Test application (if applicable) SSID (if applicable) _____

ADULT HIGH SCHOOL DIPLOMA ORIENTATION QUIZ

Student Name (print) _____

Date _____

| | |
|---|--|
| 1. What days is the Southpointe High School Learning Center open? | |
| 2. What hours is the Southpointe High School Learning Center open? | |
| 3. How many credits are required to graduate from Southpointe High? | |
| 4. List the four ways to earn credit. | |
| 5. What is the latest time you can come in to have your packets corrected and take tests? | |
| 6. What time are the evening classes taught? | |
| 7. How many classes must you attend to receive credit in a teacher instructed class? | |
| 8. What is required to be eligible for online classes? | |
| 9. As of 1/1/2016, what will students be required to pass in order to graduate? | |
| 10. When will you be required to take a mid-TABE assessment? | |
| 11. How can you combine teacher instructed classes and packets? | |
| 12. On what section of the TABE test can a calculator be used? | |
| 13. What website will be used to complete the College and Career Readiness Activities in the Transition Packet #7100 required for Graduation? | |
| 14. What do the College and Career Coaches do? | |

Dr. Patrice A. Johnson
Superintendent

Jordan School District

Allen Arko
Adult Education Coordinator

Southpointe High School

Jason Skidmore
Director

9301 So. Wight Fort Road (3400 W.) West Jordan Utah 84088
Phone (801) 256-5954 • FAX (801) 256-5992

CONTINUING STUDENT REGISTRATION – High School Credit Diploma

Today's Date: ____/____/____

Name _____ Birthdate: ____/____/____
Last First M.I.

Complete the following if any information has changed:

Address: _____ Telephone: (____) _____
City Zip

Email Address: _____

Employment: Employed Unemployed Not in the Work Force (Not looking for work)

Please answer the questions on the back of this registration form to review the policies and requirements of the program. If you need help answering any questions, please ask.

AGREEMENT/PERMISSION:

It is my intention to work toward the completion of the requirements for a Southpointe Adult High School Diploma/GED. I understand and agree to comply with all Jordan District policies and guidelines. My failure to do so may result in my inability to attend Southpointe Adult High School.

I release all personal data/SEOP information (to include social security number) and GED scores, if applicable, to Utah State Office 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.

Student Signature

No refunds on registration or book fees.

OFFICE USE

IS MID –TABE Needed? If so, Checked Completed

FEES: Quarter Registration \$25 Book Fee \$25 (optional) Total Paid \$ _____ Receipt # _____
 Semester Registration \$50

8/13/2014

Continuing Student Quiz

| | |
|---|--|
| 1. What days and hours is the Southpointe High School Learning Center open? | |
| 2. What is the latest time you can come in to have your packets corrected and take tests? | |
| 3. How many classes must you attend to receive credit in a teacher instructed class 6 pm to 8 pm evening class? | |
| 4. How many packets can you be working on at a time? | |
| 5. What is required to be eligible for online classes? | |
| 6. Where do you sign up for online courses? | |
| 7. NEW- What subject is your TABE Focus ? | |
| 8. When will you be required to take a mid-TABE assessment to show improvement? | |
| 9. How can you combine teacher instructed classes and packets for credit? | |
| 10. When should you begin working on the Transition graduation packet? | |
| 11. What two categories can the .25 credit Transition Packet #7100 count for? | |
| 12. How can the College and Career Readiness Coaches help you? | |

Adult Education Program and/or GED® Testing Application for 16-18 Year-Old Non-Graduates

Section 1

This form must be completed in its entirety at the time of withdrawal from a K-12 program of instruction and prior to enrolling in an adult education program or taking the GED Tests.

Applicant's Name: _____ Social Security Number: _____
Date of Birth: _____ Student Number (SSID): _____

The above named applicant has been counseled by school personnel and understands and accepts the consequences and educational choices with the decision to withdraw from a K-12 program of instruction.

Applicant's Signature (Date)

To be completed by school personnel at the time the applicant aged 16-18 withdraws from the K-12 educational system.

Verification K-12 withdrawal

School District _____ Withdrawal Date _____ Last grade completed: _____
Charter School _____ Withdrawal Date _____ Total credits earned: _____
Special Purpose School _____ Withdrawal Date _____
(Not associated with a school district)

Homeschooled: Yes No
Date of Exemption: _____

The following signatures acknowledge:

- 1. That counseling has been provided to the applicant explaining the consequences of the applicant's education choices.
- 2. Verification of the applicant's withdrawal from a K-12 program of instruction.

School Counselor (print name): _____

Signature: _____ Date: _____
and

School Principal, Student Services Representative, or Designee (print name): _____

Position: _____ Signature: _____ Date: _____

As the applicant's parent/guardian I understand and accept the consequences and educational choices associated with decisions that may affect the applicant and grant permission for the applicant to participate in an adult education program of instruction.
and

Parent/guardian signature: _____ Date: _____

Section 2

The 16-18 non-graduate applicant, whose class has not graduated, seeking admission to a GED Testing Center must bring this completed withdrawal/permission document to a GED Testing Center along with a government-issued picture ID.

As a GED Testing Applicant, I understand and accept the consequences associated with my decision to withdraw from a K-12 program of instruction, including:

- 1. If I pass all five of the GED Tests according to the Utah state standard (minimum of 410 on each test with an overall average score of 450), I cannot return to a K-12 program of instruction.
- 2. If I pass all five of the GED Tests, I will be issued a Utah High School Completion Diploma.
- 3. If I do not pass all five GED Tests, I may return to a K-12 program of instruction and will be required to complete all necessary graduation requirements for a traditional K-12 diploma, or I may enroll in an adult education program to continue with the graduation requirements necessary for an Adult Education Secondary Diploma.

Applicant's Signature (Date)

As the applicant's parent/guardian, I understand and accept the consequences and educational choices associated with decisions that may affect the applicant and grant permission for the applicant to participate in GED Testing.

Parent/guardian signature: _____ Date: _____

(Note: If the applicant is married, a marriage certificate may be presented at the GED Testing Center in lieu of having a parent/guardian signature on this document.)

Section 3

Additional permission required for 16 year old youth seeking admission to a GED Testing Center:

A 16-year-old youth seeking admission to a GED Testing Center must access a Utah state-sponsored adult education program for verification that the youth has the academic readiness necessary to take the GED Tests.

To be completed by an Adult Education Program Director/Designee: The above named applicant demonstrates academic readiness to take the GED Tests. My signature is not a guarantee that the applicant will pass the GED Tests.

Name of Adult Education Program: _____ Date: _____

Name and Position (print): _____ Signature: _____