



**Chesterfield County Schools**  
**ADULT EDUCATION REGISTRATION FORM**  
**2018-2019**

Site: \_\_\_\_\_

For Program Use Only
Date: _____
State ID _____
PS Withdrawal Cd _____

Last Name & Suffix	First Name	Middle/Maiden Name	Preferred Name
Mailing Address			
City	State	Zip	County or School District of Residence
Home Phone	Cell Phone	Work Phone	
Email	Date of Birth (mm/dd/yyyy)	Age	Gender (M/F)

**Ethnicity: Please check the "YES" or "NO" box on the line below to indicate ethnicity.**  
 (Definition: A Hispanic/Latino individual is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture/origin, regardless of race.)

Yes, I am Hispanic/Latino  No, I am not Hispanic/Latino

**Race: Check one or more boxes below to indicate your race.**

American Indian or Alaskan Native  Native Hawaiian or Other Pacific Islander   
 Black or African American  Asian  White

**Employment Status: Check only one box below to indicate employment status**

Employed but pending separation incl. military  Unemployed and looking for work  Retired   
 Unavailable for work  Unemployed but not looking for work  Employed Full or Part-time

**Barriers to Employment (Check all that apply)**

	Yes	No		Yes	No		Yes	No
Cultural barriers	<input type="checkbox"/>	<input type="checkbox"/>	Ex-offender	<input type="checkbox"/>	<input type="checkbox"/>	Low Levels Literacy (basic skills)	<input type="checkbox"/>	<input type="checkbox"/>
Disabled (enter type below)	<input type="checkbox"/>	<input type="checkbox"/>	Exhausting TANF	<input type="checkbox"/>	<input type="checkbox"/>	Migrant Farmworker	<input type="checkbox"/>	<input type="checkbox"/>
Disability:			Foster Care	<input type="checkbox"/>	<input type="checkbox"/>	Seasonal Farmworker	<input type="checkbox"/>	<input type="checkbox"/>
Displaced Homemaker	<input type="checkbox"/>	<input type="checkbox"/>	Homeless	<input type="checkbox"/>	<input type="checkbox"/>	Single Parent	<input type="checkbox"/>	<input type="checkbox"/>
English Language Learner	<input type="checkbox"/>	<input type="checkbox"/>	Long-term Unemployed	<input type="checkbox"/>	<input type="checkbox"/>	Low-Income (Econ. Disadv.)	<input type="checkbox"/>	<input type="checkbox"/>
Immigrant	<input type="checkbox"/>	<input type="checkbox"/>	If Immigrant, Birth Country					

**Education Level Completed (Check one):**

No Schooling  High School Diploma  High School Equivalency Diploma   
 K-12 Grade \_\_\_\_\_  Some College education (no degree)  College or Professional Degree

Location of Education: U.S. Schools? Yes  No  Name of Last High School Attended: \_\_\_\_\_

Have you attended adult education before? If Yes, where? \_\_\_\_\_ Date? \_\_\_\_\_

If you are between ages 17-21, are you **currently** expelled from school? Yes  No

Do you receive Public Assistance? Yes  No  Please circle which type: **SNAP TANF WIOA Other:**

**Why are you enrolling in Adult Education? (Check all that apply)**

To improve my education.	<input checked="" type="checkbox"/>	To improve skills so I can find a job.	<input type="checkbox"/>
To improve skills so that I can keep my job or find a better job.	<input type="checkbox"/>	To learn English.	<input type="checkbox"/>
To improve skills so that I can attend technical, training or other college.	<input type="checkbox"/>	To increase involvement in children's education.	<input type="checkbox"/>

**Your signature below indicates the following: All information provided on this form is accurate to the best of your knowledge AND you understand and agree to the Program Rules, Dress Code & Internet Policy.**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use Only:**

**LACES Primary Program Assigned:**

Adult Ed (WK/WIN only or Parapro)	Adult Ed Basic	Adult High School	ESL	HSE	Adult Literacy	Family Literacy	Transition	Workplace
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<b>Grants:</b>	
Comment Code: AEFL1819 (Family Literacy) <input type="checkbox"/>	Keyword2: <input type="checkbox"/> (W)orkKeys or WIN <input type="checkbox"/> (L)evel 5, ABE
Secondary Program: IEL/CE Yes <input type="checkbox"/> No <input type="checkbox"/>	Institutional: Yes <input type="checkbox"/> No <input type="checkbox"/>
Career Pathway:	Military Service: Active <input type="checkbox"/> Veteran <input type="checkbox"/>

**INDIVIDUAL PROGRAMS MAY CUSTOMIZE THE REMAINDER OF THIS FORM.**

<b>PARENTING (Family Literacy) GOALS</b>		
<i>Students must set a minimum of one primary goal, and one secondary goal in the same area. More than one primary and secondary goal may be set.</i>		
<input type="checkbox"/> <b>Primary Family Literacy Goal:</b> Increase involvement in children's education.		
Set one or more secondary goals:		<b>Set Goal</b>
<b>Secondary Family Literacy Goals:</b>	Help more frequently with school	<input type="checkbox"/>
	Increase contact with children's teachers	<input type="checkbox"/>
	More involved in children's school activities	<input type="checkbox"/>
<input type="checkbox"/> <b>Primary Family Literacy Goal:</b> Increase involvement in children's literacy activities.		
Set one or more secondary goals:		<b>Set Goal</b>
<b>Secondary Family Literacy Goals:</b>	Reading to children	<input type="checkbox"/>
	Visiting Library	<input type="checkbox"/>
	Purchasing books or magazines	<input type="checkbox"/>

**OTHER GOALS TO BE SET ARE CAREER READINESS & PARAPRO. CAREER READINESS MET GOALS EFFECT STATE FUNDING.**

**Emergency Contact Information:**

**Physician's Name:** \_\_\_\_\_, **Phone:** \_\_\_\_\_

**Please describe any health problems or restrictions you may have. If you have life threatening health problems, please bring a statement from your physician to be placed in your permanent record.**

**If authorized person or physicians cannot be reached at the time of an emergency and Adult Education personnel judge immediate care is necessary, do you authorize the staff to send you, properly accompanied, to the hospital or doctor most easily accessible? Yes \_\_\_\_\_, No \_\_\_\_\_**

**Student Authorization: Signature of Parent/Guardian if under age 18.** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_ **Relationship:** \_\_\_\_\_

**Emergency Contact Phone:** \_\_\_\_\_

Intake Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Form expiration date: June 30, 2019



Chesterfield County Adult Education  
 Chesterfield County Schools  
 Chesterfield County, SC

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I give permission for the release of my employment and post-secondary school information by the following agencies to the South Carolina Department of Education (SCDE). I understand that my social security number will be used by the SCDE as well as Adult Education's state & local partner agencies. My social security number will not be released to any other third party.

Yes	No	Release to Data Match Agency:
<input type="checkbox"/>	<input type="checkbox"/>	S.C. Dept. of Employment and Workforce P. O. Box 995, 1550 Gadsden St. Columbia, SC 29202 Phone No (803) 737-2588, Fax No (803) 737-0140
<input type="checkbox"/>	<input type="checkbox"/>	Post-Secondary Institutions (to include but not limited to): S.C. Technical Colleges or the Commission on Higher Education

I give permission to the Adult Education program listed above to release my academic, attendance, and/or assessment information (including High School Equivalency Diploma Test Scores) to the following:

Yes	No	Release To:
<input type="checkbox"/>	<input type="checkbox"/>	Military Recruiters
<input type="checkbox"/>	<input type="checkbox"/>	Potential Employers
<input type="checkbox"/>	<input type="checkbox"/>	Parent/Guardian
<input type="checkbox"/>	<input type="checkbox"/>	Other:

Student's Name Printed \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Student's Signature: \_\_\_\_\_  
Signature of Student Date

Parent's Signature \_\_\_\_\_  
Signature of Parent (if student is under age 18) Date

**This page for permanent folder only - DO NOT COPY for teacher or student folder**



# Chesterfield County School District

401 West Boulevard  
Chesterfield, SC 29709 (843) 623-2175 Fax (843) 623-3434

## Chesterfield County Adult Education

### Publicity Permission Release

J. Harrison Goodwin, Ed.D.  
Superintendent

School Board

Wesley R. Miles  
Chairman  
District 3

Darin M. Coleman  
Vice-Chairman  
District 2

Eric G. Dusa  
Secretary  
District 8

Kimberly T. Burch  
District 1

Chad L. Vick  
District 4

Jamie D. Wayne  
District 5

James N. Sweeney  
District 6

Robert Teal  
District 7

Dr. Wayne Chapman  
District 9

*Excellence In  
Academics,  
Arts  
And  
Athletics*

I, \_\_\_\_\_, an adult education student give permission for the Chesterfield County Adult Education/Family Literacy Program to use my photo and comments for publicity release to advertise the program.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*Marla J. Hamilton* \_\_\_\_\_ (Signature)

Marla J. Hamilton, Director

Chesterfield County Adult Education

116 Edwards Road

Chesterfield, SC 29709

(843) 623-2200



## **Chesterfield County Schools**

### **Acceptable Use Guidelines for Adult Education**

### **Student Agreement**

The Chesterfield County School District views the use of technology as a tool for productivity and for learning. As such, technology operates as an extension of the classroom and library media center, as an integral part of the curriculum. These guidelines extend to both school and home use of the District network and all District-owned technology, including computers, laptops, printers, handheld devices, digital cameras, digital media players, televisions, and digital white boards.

The District expects responsible behavior from students when they use technology. Technology use is a privilege, not a right, and inappropriate use may result in a loss of privileges, as well as other disciplinary action. Willful damage or vandalism will result in legal or disciplinary action, as well as repair or replacement charges.

The District uses filtering software designed to prevent access to certain sites and monitors the network activity of all users as they access email, websites, instant messages, chat rooms, and bulletin boards. Administrators reserve the right to examine, use, and disclose any data found on the school's information networks to further the health, safety, discipline, or security of any student or other person, or to protect property. They may also use this information in disciplinary actions, and will furnish evidence of crime to law enforcement officials.

Technological resources include, but are not limited to CPUs, monitors, keyboards, mice, printers, modems, disk drives, cables, connections, switches, and electrical supplies.

#### Appropriate Uses and Care of Technological Resources

Students agree to:

- Use technological resources for educational purposes only, including reference, inquiry, and production of educational documents.
- Ask for assistance if you do not know how to operate any equipment.
- Use appropriate procedures for start-up, shut-down, and log-in functions.
- Keep food, drinks, gum, and magnets away from all equipment.
- Obtain permission from a teacher or technician before using any technology resources.
- Use only assigned equipment and only log-in with your own account information.
- Never play games or use technology resources for other non-academic activities during instructional time without a teacher's authorization.
- Follow all copyright laws when using information from electronic resources (e.g. online databases, electronic encyclopedias, news services), including using appropriate reference citations.
- Never plagiarize or take another person's work and use it as your own.
- Never download, use, or copy illegal music, games, software, or other copyright-protected files.
- Never delete, alter, or modify software on school equipment. This includes modifying system setups, such as Windows desktop controls, menu settings, or network security settings.
- Never knowingly use portable data storage devices which contain viruses or in any other way knowingly spread computer viruses.
- Never damage or deface technological resources in any manner.

## Communications and E-mail

Students agree to:

- Never create or transmit material in violation of District guidelines or policies or any local, state, or federal law. This material includes, but is not limited to, material that is copyrighted, threatening, bullying, or gang-related, obscene or pornographic, and information transmitted via sexting.
- Never access social networking sites through the school's technology resources or network.
- Conduct all electronic communications in a polite and considerate manner. Students will not use language that is inappropriate, defamatory, false, obscene, profane, lewd, vulgar, rude, inflammatory, threatening, bullying, disrespectful, disruptive, racist, or violent in public messages or posts, private messages, or any material posted on web pages. All communications using District resources will comply with the District's guidelines, policies, and administrative rules (Policy IJNDB and Administrative Rule IJNDB-R) and the District's student code of conduct and administrative rule (Policies JIC and JICDA and Administrative Rule JICDA-R.)
- Never post your own or anyone else's personal data (e.g. full name, address, phone number, social security number, personal photograph) or engage in any activity that results in the loss of another person's privacy.
- Only communicate with other Internet users through District-provided accounts, unless approved by the supervising teacher.
- Never run an executable file attached to an e-mail message.
- Never send confidential information using District technological resources.

## Software, Internet, and System Security

Students agree to:

- Only use District-approved software and never install, copy, or execute software not approved by the District.
- Only use computers connected to the network with security software installed. Any computer brought from home must first be checked by District personnel to ensure it has appropriate software, licensing, security, and updates.
- Never circumvent any filtering software provided by the District.
- Never attempt to access inappropriate sites such as those that contain obscenity, pornography, advertisements for products or services not permitted to minors by law, bullying, hate or gang sites, or other sites which may be harmful to minors or may cause a substantial disruption to the academic environment.
- Never engage in any activity that might be harmful to the computer or network (e.g. mass forward e-mails, e-mail blasts, create viruses, damage files, disrupt service intentionally, access hacking programs, etc.).
- Never alter files, change BIOS settings, or hide directories or files.
- Never obtain unauthorized remote access or hack into school resources.
- Report threatening or discomfoting materials or any violations of the Acceptable Use Guidelines to a teacher.
- Never use District resources to agree to meet with someone you have met online.

Student Name (Print): \_\_\_\_\_

Sign and return this page to your school. Please keep pages 1-2 for your records.

Summary:

These Acceptable Use Guidelines are designed to describe how the Chesterfield County School District expects technological resources to be used. Students violating these guidelines may suffer disciplinary action including, but not limited to, the loss of privileges relating to the use of technology in the schools. The District's goal is to provide employees and students with access to technology in a safe environment that encourages and supports instruction. As users of these technologies, students are expected to read, understand, and acknowledge these guidelines, Board Policy IJNDB, and Administrative Rule IJNDB-R before using technological resources.

Enforcement

The Chesterfield County School District considers any violation of the Acceptable Use Guidelines to be a serious offense and reserves the right to copy and examine any files or information present on District systems allegedly related to unacceptable use. Violators are subject to disciplinary action. Offenders also may be prosecuted under laws including; but not limited to, the Privacy Protection Act of 1974, The Computer Fraud and Abuse Act of 1986, The Computer Virus Eradication Act of 1989, Interstate Transportation of Stolen Property Act, the Electronic Communications Privacy Act, and the Children's Internet Protection Act. If a student incurs unauthorized costs, the student, as well as the student's parents/legal guardians, will be responsible for all such costs.

Chesterfield County School District monitors all computer usage through a security system. Federal law mandates that all computer activity within schools be closely watched in order to ensure the safety of our students. It is the policy of the Chesterfield County School District to: (a) prevent access over its computer network to, or transmission of, inappropriate material via Internet, e-mail, or other forms of direct electronic communications; (b) prevent unauthorized access, including so-called "hacking," and other unlawful online activity; (c) prevent unauthorized online disclosure, use, or dissemination of personal identification information of minors; and (d) comply with all applicable laws and regulations.

Signatures

I understand and agree to abide by the Chesterfield County School District's Acceptable Use Guidelines. I understand that there are consequences if I do not follow these guidelines.

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Student Signature

Date

I have read and discussed with my child the Chesterfield County School District's Acceptable Use Guidelines. I understand that my child will face consequences if he or she does not follow these guidelines.

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Parent/Guardian Signature (if under 18)

Date