Mid-Coast School of Technology Adult Education

1 Main Street – Rockland, ME 04841

Welding & Machine Tool Course Application/Registration Form

Name: _____

Home phone: _____ Work or Cell Phone: _____

Mailing address: _____Town & Zip: _____

Email: _____

Date of Birth: _____

Social Security# _____ (required for Workforce training courses)

Last Grade Completed in School: _____

Are you currently employed? _____

Place of employment: _____

How did you learn about our Welding/Machining courses? _____

What **best describes** your interest/reasons for taking this course (please mark **all** that apply):

      ___ Employment in the Field

      ___ Employment in New Occupation

      ___ Hobby/Personal

      ___ Self-Employment

Course Name   Start Date   Fee

1. _____

2. _____

3. _____

Release of Social Security Number and Exchange of Information

Adult Education in Maine is required by Title II of the Workforce Innovation and Opportunity Act
to report how many adult learners:

- o Are employed after attending adult education
  and/or
- o Have entered college or a training program after attending adult education

Federal funds are used to pay for some of our classes including reading, writing, math, high school equivalency and high school diploma courses. Gathering employment and post-secondary educa-tion information is needed to receive the funding that pays for this part of adult education.

To get this information, this adult education program will use your Social Security Number to match adult education enrollment records with employment and post-secondary records with the agencies listed below.

- o The Maine Department of Labor - To report how many adults from Maine Adult Education Programs are employed. The data match does not identify you by name or where you work.

- o The National Student Clearinghouse - To report how many adults from Maine Adult Education Programs are enrolled in post-secondary institutions.

We are asking you to sign this form giving us permission to use your Social Security Number for a data match in order to obtain the information we need for federal reporting.

The Information obtained by the Department of Education will be used for the sole purpose of data match reporting and will not be shared with other individuals of agencies without your written permission. All data used to conduct the data match will be purged from the Department of Labor system after the report Is complete.

I give permission to use my Social Security Number:

Signature _____

Print Name _____

Date _____

*Thank you for registering in a **workforce training program** at Mid-Coast School of Technology.*

Whether or not you are taking this course for professional advancement, we are asking you to complete the attached forms and to answer some basic demographic questions. The answers to these questions are used by the Department of Education to determine the need for these programs in our community. Because of this, we are unable to complete student registrations without the answers to these questions. If you don't provide them, we end up answering to the best of our ability, and these inaccurate responses throw off planning for rural communities such as ours.

Federal funding for Adult Education supports many of our programs and we appreciate your help in providing important programs to all members of our community. Please let us know if you need any assistance with the forms or have any questions in regard to your classes at MCST. You can reach us at 207-596-7752 x 3 or adulted@mcst.tec.me.us.

Please indicate that you have read this statement. ___Yes

Federal reporting requires us to ask which gender you most identify with. Please select one.

___Female   ___Non-binary gender non-conforming

___Male   ___Prefer not to answer

What are your preferred pronouns?

___she, her, hers   ___other

___he, him, his   ___Prefer not to answer

___they, them, theirs

Federal reporting requires us to ask about race and ethnicity. If you select Non-Hispanic/Latino, you must <u>also</u> select at least one race. Check all that apply:

___Ethnicity - Hispanic/Latino   ___Race - Black or African American

___Race - American Indian or Alaskan Native   ___Race - Native Hawaiian or Pacific Islander

___Race - Asian   ___Race - White

Do you have a Driver's License? (circle one)   Yes/No

Do you have Reliable Transportation? (circle one)   Yes/No

Are you Registered to Vote? (circle one)   Yes/No

Do we have your permission to release academic records? (circle one)

Yes/No

Do we have your permission to release information (FERPA)? (circle one)

Yes/No

FERPA is a Federal law that protects the privacy of student education records. It applies to all schools that receive funds under applicable programs. For more information go to:
https://www2.ed.gov/policy/gen/guid/fpco/ferpa/index.html

The following questions are required by the Maine Department of Education for Workforce Training courses:

Do any of the following apply?

___Individual with a Disability.

___Long-term Unemployed at Program Entry
   (More than 27 consecutive weeks).

___Exhausting TANF Within 2 Years (Part A Title
   IV of the Social Security Act) at Program Entry

___Foster Care Youth Status at Program Entry

___Homeless Individual, Homeless Children and
   Youths, or Runaway Youth at Program Entry

___Ex-Offender Status at Program Entry

Native Language :_____

Check all that apply:

___Does Not Apply (N/A)

___In correctional facility?

___Low Income Status at Program Entry

___In a Community Correctional Program

___In other institutional setting?

Federal Poverty Guidelines for the 48 Contiguous US and District of Columbia are as follows:

Persons in Household	Income	Persons in Household	Income
1	$14,580	5	35,140
2	19,720	6	40,280
3	24,860	7	45,420
4	30,000	8	50,560

___English Language Learner at Program Entry

___Basic Skills Deficient/Low Levels of Literacy at Program Entry

___Cultural Barriers at Program Entry

Some examples of Cultural Barriers are: language, stereotypes and prejudices, signs and symbols, behaviors and belief, and a sense of isolation due to cultural differences.

___Single Parent at Program Entry

___Displaced Homemaker at Program Entry

A Displaced Homemaker is an adult who has not worked for wages full-time, year-round for a number of years, has cared for the home and family, is unemployed or underemployed, and is experiencing difficulty in obtaining or upgrading employment.

___Migrant and Seasonal Farm Worker Status at National Farmworker Jobs Program (WIOA sec. 167)

Adult Education History (Check all that apply):

___Currently Enrolled

___Earned High School Equivalency

___Earned Diploma

___Earned Credits at another Adult Ed Program

___Earned Credits at 2 or more Adult Ed Programs

___None (N/A)

___Previously Enrolled

___Earned a Certificate

Living in Rural Area? (Circle One)

        Urban   Rural

Do you receive Support Services, such as transportation, child care, or dependent care, necessary to enable an individual to participate in activities authorized under Title I of the Workforce Investment Act? (circle one)
Yes/No

Are you on Public Assistance?

Check all that apply:

___None (N/A)

___Unemployment

___Food Stamps (SNAP)

___SSI or SSDI

___WIC

___MaineCare

___Migrant Worker

___TANF

How did you learn about this program? (Check all that apply):

___Catalog

___MCST Website

___Social Media

___Previously Attended

___Advertisement

___Friend/Relative

___Educational or Other Institution

___Career Center

___Employer

___Military Recruiter

___Court

___Other

Please fill out the attached Release of Social Security Number and Exchange Information form and return it to MCST before your course begins.

I have received the Release of Social Security Number and Exchange Information form (circle one):
    Yes/No