

# Nye County School District Adult Education Enrollment Checklist

- Complete and return enrollment form.
- Sign and return "Adult Basic Education Informed Consent Form"
- Sign and return "Computer Usage/Independent Study Form"
- Complete and return "Request for Student Education Records"
- Schedule Assessments  
Test time: \_\_\_\_\_ Date: \_\_\_\_\_
- Schedule appointment with counselor  
Appointment Time: \_\_\_\_\_ Date: \_\_\_\_\_
- Review Nye County Adult Education Student Handbook
- Attend Student Orientation  
Time: \_\_\_\_\_ Date: \_\_\_\_\_

## CHOOSE YOUR PATHWAY!

GED/Prep

Adult HS Diploma

ESL/Citizenship

HSPE

My Plan:



# Nye County School District

Adult Education

2013 -2014

## Enrollment Form



INSTRUCTIONS: Please print all information. Under Nevada State Law, all new students must present a birth certificate, immunization document and if available, the withdrawal from the school student previously attended.

OFFICE USE ONLY	
Homeroom Teacher/Pod:	
Grade	School
Entry Code	Entry Date
ID#	
HL:	
Bus	Stop
Grid #:	
Guardian/Legal Documents on file at school:	<input type="checkbox"/> Y <input type="checkbox"/> N
Proof of Residency:	<input type="checkbox"/> Y <input type="checkbox"/> N

### Student Information

Last Name	First Name	Middle Name	Suffix (Jr., III)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address	City	State	Zip	
Physical Address (if different from above)	Zip	County	Phone No. <input type="checkbox"/> contact me by text	Birth date
Social Security No.	Student's Ethnicity <input type="checkbox"/> Asian <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White		Place of Birth (City/County/State)	
Employer	Work Phone - Ext.		Your E-mail Address	

### IF UNDER 18 - Parent/Guardian Information (Step parent by marriage or guardian by notarized or legal document)

Relationship: <input type="checkbox"/> Father <input type="checkbox"/> Guardian <input type="checkbox"/> Stepfather <input type="checkbox"/> Foster <input type="checkbox"/> Host Family	Last Name	First Name	Prefix (Mr., Mrs., Ms.)	
Street Address	City	State	Zip	Home Phone: Cell:
Employer	Work Phone - Ext.	Hours Worked	E-mail Address	
Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Guardian <input type="checkbox"/> Stepmother <input type="checkbox"/> Foster <input type="checkbox"/> Host Family	Last Name	First Name	Prefix (Mr., Mrs., Ms.)	
Street Address	City	State	Zip	Home Phone: Cell:
Employer	Work Phone - Ext.	Hours Worked	E-mail Address	

### IF UNDER 18 - Non-Custodial Parent (joint legal custody but does not have physical custody) or Deceased Parent

Relationship <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Legal Guardian	Last Name	First Name	Prefix (Mr., Mrs., Ms.)	<input type="checkbox"/> Deceased
Street Address	City	State	Zip	Home Phone: Cell:

**NOTE: Natural parents have full access to student information files, unless the court orders otherwise.**

### Emergency Contact Information is Required

Persons who may be contacted in an emergency:

Relationship	Last Name	First Name	Telephone Number
Relationship	Last Name	First Name	Telephone Number
Relationship	Last Name	First Name	Telephone Number

### Enrollment Intent

What is your reason for enrolling in the Nye County Adult Education Program?

<input type="checkbox"/> High School Diploma	<input type="checkbox"/> GED only	<input type="checkbox"/> ELL/Citizenship	<input type="checkbox"/> High School Proficiencies	<input type="checkbox"/> Other:
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Student Signature: X

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

## School Background Information

Last school attended	City/County	State	Date
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Have you ever attended a school in Nye County?  Yes (list below)  No

Nye County school attended	City	State	Date
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Have you ever attended a school in Nevada?  Yes (list below)  No

Nevada school attended	City/County	State	Date
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Have you moved within the last three years from another country/state due to working in agriculture, fishing, or dairy activities?  Yes  No

## Special Services

Please indicate any Special Services that you have received:

- |  |  |  |  |
|--|--|--|--|
| <input type="checkbox"/> Preschool                 | <input type="checkbox"/> Early Childhood             | <input type="checkbox"/> Head Start              | <input type="checkbox"/> Pre-K Program |
| <input type="checkbox"/> Special Education classes | <input type="checkbox"/> Speech/Language             | <input type="checkbox"/> Special reading program | <input type="checkbox"/> Current IEP   |
| <input type="checkbox"/> ESL / Bilingual Program   | <input type="checkbox"/> Current 504 Plan            | <input type="checkbox"/> Talented/Gifted program | <input type="checkbox"/> Adaptive P.E. |
| <input type="checkbox"/> Counseling services       | <input type="checkbox"/> Resource Specialist Program | <input type="checkbox"/> Other:                  |  |

## Home Language Survey (must answer)

- \*1. Is a language other than English used in the home?  No  Yes (list) \_\_\_\_\_
- \*2. Did the student have a first language other than English?  No  Yes (list) \_\_\_\_\_
- \*3. Does the student most frequently speak a language other than English?  No  Yes (list) \_\_\_\_\_

If you have answered one of the above statements "Yes," please complete the information below:

Select the statement that best describes your child's language ability:

- \*  Speaks ONLY the language other than English
- \*  Speaks MOSTLY English but some of the language other than English
- \*  Speaks MOSTLY the language other than English, but speaks some English
- \*  Speaks BOTH the language other than English and English equally well

\* If you have answered "yes" to any of these questions, you may be tested for the Limited English Proficiency Program.

**Country of birth:** \_\_\_\_\_ **Most recent entry date to the U.S.:** \_\_\_\_\_

**Previous Schools Attended:** (list schools attended for the last three years)

Year	School Name	State/Country

## EMERGENCY/MEDICAL INFORMATION

Please list any medical conditions you have of which the school should be notified.

Medical Alert 1:	Medical Alert 2:
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**IN THE CASE OF AN EMERGENCY MY CHILD TAKES THE FOLLOWING MEDICATION(S) AT HOME AND/OR SCHOOL:**

PLEASE NOTE: For medications given at school, a doctor's note and full instructions must accompany a clearly marked current child resistant prescription bottle for prescribed medication. You will also need to sign a parental permission form for NCSD personnel to administer medication (to be renewed each school year). This includes over the counter medication, i.e.; Aspirin, Acetaminophen, etc.

## HEALTH INFORMATION

Indicate any health problems the student has:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> Arthritis               | <input type="checkbox"/> Heart defect or disease | <input type="checkbox"/> Sight impaired           | <input type="checkbox"/> Asthma                               |
| <input type="checkbox"/> Internal irregularities | <input type="checkbox"/> Surgical                | <input type="checkbox"/> Convulsive seizures      | <input type="checkbox"/> Kidney/Bladder                       |
| <input type="checkbox"/> Glasses/contacts        | <input type="checkbox"/> Unable to take P.E.     | <input type="checkbox"/> Unstable/Stable Diabetes | <input type="checkbox"/> Physical handicap                    |
| <input type="checkbox"/> Hearing loss            | <input type="checkbox"/> Had chicken pox         | <input type="checkbox"/> Allergies list:          | <input type="checkbox"/> Mild <input type="checkbox"/> Severe |

Other health problems:

Preferred Doctor or Medical Facility

Telephone No.

## FOR SCHOOL USE ONLY (Do not write in this area)

BC	IMM	FT= <input type="checkbox"/> Yes <input type="checkbox"/> No	DGS= <input type="checkbox"/> Yes <input type="checkbox"/> No	
INS <input type="checkbox"/> Yes <input type="checkbox"/> No	MEDS <input type="checkbox"/> Yes <input type="checkbox"/> No	RDG (K-1) <input type="checkbox"/> Yes <input type="checkbox"/> No	RDG (1-3) <input type="checkbox"/> Yes <input type="checkbox"/> No	Technology Use Form <input type="checkbox"/> Yes <input type="checkbox"/> No
Student Handbook <input type="checkbox"/> Yes <input type="checkbox"/> No	Release of Info <input type="checkbox"/> Yes <input type="checkbox"/> No	Enrollment Code	Nevada Supp <input type="checkbox"/> Yes <input type="checkbox"/> No	



STATE OF NEVADA  
 Adult Basic Education  
 Informed Consent Form

I, \_\_\_\_\_, consent to the release of information from my student record for the purposes of statistical reports.

I understand that this information is to assist the Nevada Department of Education in obtaining and reporting information concerning employment and education gains as required by federal legislation and regulations.

I understand that the student record includes my social security number, which may be shared by the Nevada Department of Education with any of the following entities:

- Nevada Department of Employment Training and Rehabilitation
- Nevada System of Higher Education
- An official General Educational Development (GED) scoring site

I understand that reports based on this information will contain statistics about follow-up measures for adult education students in Nevada, and that no specific or personal information about me will appear in these reports.

Student Social Security Number	Signature of Student	Date
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Note: Parent/Guardian signature also required for students under the age of eighteen.

Parent/Guardian Name	Signature of Parent/Guardian	Date
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ESTADO DE NEVADA  
Educación Básica para Adultos  
Forma de Consentimiento Informado

Yo, \_\_\_\_\_, autorizo el uso de la información consignada en mi archivo estudiantil con el propósito de editar reportes estadísticos.

Yo entiendo que esta información es con el fin de ayudar al Departamento de Educación del Estado de Nevada en la obtención y reporte de información concerniente al progreso en empleo y educación requerido por la legislación federal y regulaciones.

Yo entiendo que el registro de entrada incluye mi número de seguro social, el cual puede ser suministrado por el Departamento de Educación del Estado de Nevada con cualquiera de las siguientes entidades:

- Departamento de Entrenamiento para Empleo y Rehabilitación.
- Sistema Universitario y Colegios Comunitarios de Nevada.
- Un sitio oficial de registro de calificaciones para el Desarrollo General Educacional (GED).

Yo entiendo que reportes basados en esta información van a contener estadísticas acerca de las medidas de seguimiento para los estudiantes del programa de educación para adultos y que información personal o no relacionada con estos propósitos no va a aparecer en estos reportes.

_____	_____	_____
Número de seguro social del Estudiante	Firma del estudiante	Fecha

Nota: Es necesario la firma del padre de familia o el representante legal para los estudiantes menores de dieciocho años de edad.

_____	_____	_____
Nombre del padre de familia o Representante legal	Firma del padre de familia o Representante legal	Fecha

# Nye County School District Computer Usage Form

Students and/or parents/guardians are required to read and sign the following computer usage form:

Students are **NOT** allowed to change the settings on the computers.

Students may not use any setting without the permission of an instructor.

If the student is required to go to a site, the student will use the link provided by the assignment or the instructor only.

Any unauthorized use of websites (including installing, downloading, or registering any programs/software) will result in the student being denied access to the computers.

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

## INDEPENDENT STUDY

As a student in independent study, I agree to the following:

(Initial each line)

- \_\_\_\_\_ 1. Effort: The number of credits earned depends on the effort that I put forth.
- \_\_\_\_\_ 2. Attendance: I must contact my instructor at least once a week and show progress towards completion of course.
- \_\_\_\_\_ 3. Rules: I will follow all NCSD and Independent Study rules and regulations.
- \_\_\_\_\_ 4. Announcements: I will read the bulletin boards each week for announcements.
- \_\_\_\_\_ 5. Testing: I am responsible for registering for mandatory testing.
- \_\_\_\_\_ 6. Change of Information: I will inform the registrar of any address or phone number changes.
- \_\_\_\_\_ 7. Cheating and/or plagiarism will not be tolerated.

**FAILURE TO MEET ANY OF THE ABOVE REQUIREMENTS MAY RESULT IN  
WITHDRAWAL OF STUDENT FROM THE PROGRAM**

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



School: Pathways Adult Education  
Principal: Karen Hills  
School Secretary: Lynn Light  
School Phone: (775) 751-6822  
School Fax: (775) 751-6829

School Address: 484 S. West Street - Modular A  
Pahrump, NV 89048

## REQUEST FOR STUDENT EDUCATION RECORDS

TO:

Previous School District: \_\_\_\_\_  
Previous School Attended: \_\_\_\_\_  
Fax: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Address: \_\_\_\_\_

RE:

Student's Name

Grade

Date of Birth

Date of Request

Nye County School District has enrolled the following student. In compliance with the Family Education Rights Privacy Act of 1974, Public Law 93-380, please accept this document as formal approval for the release of all student education records. FEDERAL LAW 99.31 – No parent signature is required for educational records to be sent to another educational agency

We are requesting any and all of the following records:

- Academic, include Official Transcripts and explanation of your grading system
- Nevada HSPE Test Scores
- GED Test Results
- NCSD Only: Transfer student to Adult Education in PowerSchool

**\*\*Please mail, fax, information to the above address\*\***  
Include this form with response

Thank you for your prompt response

1 <sup>st</sup> Request	
2 <sup>nd</sup> Request	
3 <sup>rd</sup> Request	