



PRATT LEARNING CENTER, USD 382

2017-2018 Adult Enrollment Form

Date Enrolled _____ Grade Level: _____

Student's Legal Name _____
Last First Middle Maiden

Home Address: _____ Gender: _____ Last 4 # of SSN: _____

City: _____ State: _____ Zip: _____ Birthdate: _____ Age: _____

Mailing Address: _____ Birth Place: _____

City: _____ State: _____ Zip: _____ Preferred First Name: _____

Primary Phone: (_____) _____ Email Address: _____

Alt Phone (_____) _____ Resident School District Number: _____

Permanent Contact: _____ Email Address: _____

Contact's Phone: _____ Alt. Phone: _____ Work Phone: _____

In case of an emergency, our procedure will be to call 911 and then your emergency contact. It is understood that Pratt Learning Center is not financially responsible for individual medical transportation or hospital service. Pratt Learning Center should be notified if your emergency contacts' address or telephone number changes during the school year.

Emergency Contact 1: _____ Phone: _____ Relationship: _____

Emergency Contact 2: _____ Phone: _____ Relationship: _____

Race and Ethnicity: (Note: Both Part A and Part B of the question must be answered.)

Part A: Is this student Hispanic/Latino? (Choose only one)

- No, not Hispanic/Latino
 Yes, Hispanic/Latino (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.)

The above part of the question is about ethnicity, not race. No matter what you selected above, please continue to answer the following by marking one or more to indicate what you consider your race to be.

Part B: What is the student's race? (Choose one or more)

- American Indian or Alaska Native (A person having origins in any of the original peoples of North and South America (including Central America and Mexico), and who maintains tribal affiliation or community attachment.) Examples: Azteca, Zapotec, Maya, Nahuatl, Aymara, Kichwa, Lakota, Navajo, Guarani.
 Asian (A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.)
 Black or African American (A person having origins in any of the black racial groups of Africa.)
 Native Hawaiian or Other Pacific Islander (A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.)
 White (A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.) Examples: Middle Eastern; A person having origins in any of the original peoples of Egypt, Israel, Iraq, Jordan, Lebanon, Palestine, Syria, or Turkey. Spanish; A person having origins in any of the peoples of Spain.

Student's Full Legal Name _____

Permissions – District Wide

- I have been notified of my rights under The Family Educational Rights and Privacy Act (FERPA).
- I give permission to the Pratt Learning Center to send SMS text messages to the phone numbers listed on this form.
- I give permission for USD 382 to use my name and/or photo on the website, newspaper, and Facebook. (If you DO NOT check this box, your picture will NOT appear on the website, newspaper, or Facebook.)
- I have read the terms and agreement from Pratt USD 382 Internet Access and understand that this free access is designed for educational purposes. Even though USD 382 has filtering and monitoring systems in place, I also recognize that it is impossible to restrict access to all controversial materials. I will not hold Pratt USD 382 responsible for materials acquired or sent via the Internet.

Eligibility Questions

Do you have a high school diploma?	Y	N
Do you have a GED	Y	N
Are you 18 or older/has your original class graduated?	Y	N
While attending school, did you ever have an IEP?	Y	N

Information Required by the State of Kansas

- 1) Have you attended school in Pratt USD 382? Y N If yes, what year did you first attend that school? _____
- 2) What year did you start high school? _____
- 3) What year did you become a student in Kansas? _____

Last Grade Level Completed: 9 10 11 12 (*circle*) Year Your Original Class Graduated HS _____

Health Issues It would be helpful for my instructors (or paramedics, in the event of an emergency) to know ... Drug or Food Allergies _____ Health Issues _____ Other Health Information _____ Other _____
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Student Signature _____ Date _____