



# New Student Admission Form

**A**

**Student Name** \_\_\_\_\_  
Last First Middle Initial

**Birthdate** \_\_\_\_ - \_\_\_\_ - \_\_\_\_ MM-DD-YYYY  Male  Female

**Street Address** \_\_\_\_\_ **Apt #** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Email Address** \_\_\_\_\_

**Cell Phone** \_\_\_\_\_ **Home Phone** \_\_\_\_\_

**Previous Name(s)** \_\_\_\_\_

**B** Are you a U.S. Citizen?  Yes(skip to section C)  No (check the appropriate box below to indicate your status)  
 Immigrant/Permanent resident (IM)  Refugee/Parolee/Conditional Entrant (RF)  
 Visa holder: My visa type is: \_\_\_\_\_  Other (please explain): \_\_\_\_\_

**C** Which race(s) do you consider yourself to be? (Optional) (Mark up to two boxes)  
 Alaska Native (015)  Black or African American (872)  Filipino (608)  Nepali (635)  Thai (618)  
 American Indian (597)\*  Cambodian (604)  Hawaiian, Native (653)  Pacific Islander (681)  Tlingit (017)  
 Arabian (801)  Chinese (605)  Indonesian (610)  Pakistani (616)  Vietnamese (619)  
 Asian, Indian (600)  Eskimo (935)  Japanese (611)  Samoan (655)  White/Caucasian (800)  
 Asian, Other (621)  Fijian (676)  Korean (612)  Taiwanese (606)  
 Other Race: \_\_\_\_\_ \* If American Indian, please list the name of enrolled or principal tribe: \_\_\_\_\_  
**Are you of Spanish/Hispanic origin? (Optional) (Please mark only one box)**  No, (not Spanish/Hispanic) (999)  Yes Spanish (731)  
 Yes, Central American (704)  Yes, Mexican, Mexican-Am., Chicano (722)  Yes, South American (729)  
 Yes, Cuban (709)  Yes, Puerto Rican (727)  Yes, other Spanish/Hispanic: \_\_\_\_\_

**D** What's the best way to contact you?  Email  Cell Phone  Home Phone **Ok to leave a message?**  Yes  No  
**Emergency contact name:** \_\_\_\_\_ **Emergency contact phone:** \_\_\_\_\_

**E** **Marital status:**  Single  Partnered  Married  
 Divorced  Separated  Widowed  
**Do you have children under 18? How old are they?**  
 Yes  No \_\_\_\_\_  
**Have you ever served in the US Armed Forces?**  
 Yes  No  
**Home Country:** \_\_\_\_\_  
**If not born in the US, how long have you lived here?** \_\_\_\_\_  
**Native Language(s):** \_\_\_\_\_

**F** **What is your housing situation?**  Rent (pay regular rate)  Section 8  Public Housing  Homeowner  
 Shelter  Transitional  Other low-income housing  Motel  Family/Friend  Homeless

**How many people live in your household?**  
\_\_\_\_\_ adults \_\_\_\_\_ children  
**Is this housing situation stable or will you need to move soon?**  Stable  Need to move (When? \_\_\_\_\_)

**How much money do you receive in a month?**  
 \$0 - 499  \$2,500 - 2,999  \$5,000 - 5,499  
 \$500 - 999  \$3,000 - 3,499  \$5,500 - 5,999  
 \$1,000 - 1,499  \$3,500 - 3,999  \$6,000 or more  
 \$1,500 - 1,999  \$4,000 - 4,499  
 \$2,000 - 2,499  \$4,500 - 4,999  
**How much money does everyone in your household receive in a month?**  
 \$0 - 499  \$2,500 - 2,999  \$5,000 - 5,499  
 \$500 - 999  \$3,000 - 3,499  \$5,500 - 5,999  
 \$1,000 - 1,499  \$3,500 - 3,999  \$6,000 or more  
 \$1,500 - 1,999  \$4,000 - 4,499  
 \$2,000 - 2,499  \$4,500 - 4,999

**Are you receiving services from any other agency?**  No  
 Yes, I work with: \_\_\_\_\_  
**Do you receive food stamps?**  No  Yes, in my name  
 Yes, in someone else's name

<b>G</b>	Is this your first class with the Casino Road Adult Education Academy? <input type="checkbox"/> Yes <input type="checkbox"/> No	What is your main form of transportation? <input type="checkbox"/> Bus <input type="checkbox"/> Car <input type="checkbox"/> Bicycle <input type="checkbox"/> Other _____
<b>H</b>	How many years did you attend school in your home country? _____ Do you have a university diploma? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you complete high school? <input type="checkbox"/> Yes <input type="checkbox"/> No Did you study after high school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was your field of study? _____
	Did you work in your native country? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what was your job? _____	Do you have a job in the US? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Looking If yes, what is our job? _____ <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time

**I** Have you studied English before?  Yes  No If yes, how long and where? \_\_\_\_\_

**J** What is your goal at the Academy?  Learn English  Find a job  Get a better job  GED  Prepare for Citizenship Test  
 Prepare for College  Math Skills  Computer Skills  Reading & Writing Skills  Help children with homework  Other

**What class are you attending?**

ESL: 9:30 – 11:00 T, Th  GED: 9:30 – 11:00 M, W  
 ESL: 11:30 – 12:30 T, Th  ESL: 11:00 – 12:40 M, W, F  
 ESL: 1:10 – 3:10 M, T, W, Th

**Additional Edmonds CC Questions**

**K** Quarter you plan to start:  Sum  Fall  Wtr  Spr Year: 20 \_\_\_\_\_

**L** Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  I refuse or am unable to provide my SSN/TIN at this time. Initials: \_\_\_\_\_

**Disclosure Statement:** To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (TIN). If you do not submit your SSN/TIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1 (e)(4) for more information) of a fine of \$50 in the event of an audit. If you choose not to provide your SSN/TIN please check the "I refuse..." box above and write your initials in the line provided.

Services are available for students who have special needs due to a disability. Would you like our SSD staff to contact you with more information?  Yes  No

Last High School attended \_\_\_\_\_ State/Country \_\_\_\_\_ Years attended: \_\_\_\_\_ to \_\_\_\_\_  
Graduated?  Yes  No

Last college, voc/tech, university attended \_\_\_\_\_ State/Country \_\_\_\_\_ Years attended: \_\_\_\_\_ to \_\_\_\_\_  
Graduated?  Yes  No

**M** How long do you plan to attend Edmonds Community College?  One quarter (11)  Two quarters (12)  One year (13)  
 Up to two years, no degree planned (14)  Long enough to complete a degree (15)  Don't know (16)

What is your current work status while attending college?  Full-time homemaker (11)  Full-time employment (including self and military) (12)  
 Part-time off-campus (13)  Part-time on-campus (14)  Not employed, but seeking employment (15)  Not employed, not seeking employment (16)

What is your prior level of education at entry to Edmonds Community College?  Less than high school graduation (11)  GED (12)  
 High school graduate (13)  Some post high school, but no degree or certificate (14)  Certificate (less than two years) (15)  
 Associate degree (16)  Bachelor's degree or above (17)

What is your family status as you start at Edmonds Community College? Are you...  
 a single parent with children or other dependents in your care (11)  a couple with children or other dependents in your care (12)  
 without children or other dependents in your care (13)

**N** Note: Once you are no longer participating in the ESL/ABE/HS21/GED program, you will need to complete a new college admission application.  
I hereby certify under penalty of perjury under the laws of the state of Washington RCW 9A.72.085 that to the best of my knowledge, all statements on this form are true and correct.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Edmonds Community College does not discriminate on the basis of race; color; religion; national origin; sex; disability; sexual orientation; age; citizenship, marital, or veteran status; or genetic information in its programs and activities. The nondiscrimination language is available in multiple languages at [edcc.edu/nondiscrimination](http://edcc.edu/nondiscrimination).

Office Use CRAEA Student ID Number: _____	Goodwill Student ID Number: _____
EdCC Student ID Number: _____ - _____ - _____	

Student Name \_\_\_\_\_  
Last First Middle Initial



# Casino Road Academy Child Care & Early Learning Program Child Information

*To Complete Only If You Will Be Using Academy Child Care*

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

Child's full name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
First name Last name month/day/year

Child's full name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
First name Last name month/day/year

Child's full name: \_\_\_\_\_ Birthdate: \_\_\_\_\_  
First name Last name month/day/year

Parent's name: \_\_\_\_\_

Phone number: \_\_\_\_\_ Text ok?  Yes  No

Emergency Contact Name: \_\_\_\_\_

Emergency contact's phone number: \_\_\_\_\_

Emergency contact's relationship to child(ren): \_\_\_\_\_

Primary care physician and/or clinic name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Does your child(ren) have any allergies or food preferences?  Yes  No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

**Tell us about your child(ren), what he/she likes and doesn't like, and any special needs, so we can offer the best caring and learning environment possible!**

\_\_\_\_\_  
\_\_\_\_\_

**What would you like your child(ren) to learn during his/her time with us?**

\_\_\_\_\_  
\_\_\_\_\_

- What class are you attending?
- |   |   |
|---|---|
| <input type="checkbox"/> ESL: 9:30 – 11:00 T, Th  | <input type="checkbox"/> GED: 9:30 – 11:00 M, W       |
| <input type="checkbox"/> ESL: 11:30 – 12:30 T, Th | <input type="checkbox"/> ESL: 11:00 – 12:40 M, W, F   |
|   | <input type="checkbox"/> ESL: 1:10 – 3:10 M, T, W, Th |

## PARTICIPATION AND RELEASE OF LIABILITY

**Definition:** The Casino Road Adult Education Academy, hereinafter referred to as "the Academy," is a coalition comprised of Edmonds Community College, Seattle Goodwill, and the YMCA of Snohomish County for the purposes of providing education and resources to adult students in need. The Academy refers to all three principle agencies, and may include additional agencies who offer classes, programs, and services through the Academy umbrella.

**Release of Liability:** I understand and expressly acknowledge that I release the Academy, its employees, boards, members, volunteers or guest from all liability for any injury, loss or damage connected in any way whatsoever to my participation in Academy activities whether on or off the Academy's premises and including transportation. I understand that this release includes any claims based on negligence, action or inaction of the Academy, its employees, boards, members, volunteers or guests.

**Release or Exchange of Information:** The Academy and its agents, including but not necessarily limited to representatives of its administration, case management, and employment services, and/or instructional staff, may be asked from time to time to provide information and opinions about me in connections with the Academy's efforts to help me obtain information and services from government agencies or other social service organizations. The Academy may also need to obtain records or information on my behalf to help me obtain these services.

In addition to any release or authorization I may sign at the request of such government agencies or providers of social services, I am signing this special release to assure the Academy and its agents that they are free to respond to these inquiries by providing such information and opinions as they deem appropriate. I also authorize the Academy to obtain any records or information from these agencies or organizations on my behalf.

**I authorize the Academy and its agents to release, exchange, or obtain information for the following:**

- Basic needs (including but not limited to housing, food, medical/dental/vision, and other public benefits and assistance).
- Employment history and records. This includes any and all information pertaining to my employment history, wage earnings, unemployment benefits, and place of employment on file with the Employment Security Department.
- Participation in classes (included but not limited to attendance, course completion, etc.)

**Permission for data collection:** I give permission for the Academy to maintain data on my participation in activities and education achievement in order for the program to assess student outcomes and improve programming. I give permission for member agencies of the Academy to share data within the coalition. I understand that such information will not be revealed to the public in any way that would identify my individual data, but class or group summary results and trends may be shared.

**Right to Revoke:** Any information obtained shall be kept confidential. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken. To revoke this authorization, I must provide the revocation in writing to an Academy Instructor. This authorization will expire three years from the data of my program or class completion.

I release the Academy, and it parents, subsidiaries or related entities and all of their respective officer, directors, trustees, members, insurers, agents, employees (and their respective spouses) unconditionally and absolutely from any claims, causes of action, rights, or damages, including costs and attorneys' fees arising out of, or as a result of, the Academy providing information about me. I will not harass, intimidate or attempt to influence the Academy, directly or indirectly, regarding such communications and I will not file or threaten to file any lawsuit against the Academy or individual(s) as a result of the information or opinions they provide or obtain.

**Medical Treatment:** I give permission for Academy staff or volunteers to provide emergency medical treatment for me, and to transport me to an emergency center for treatment. Also, I consent to medical treatment deemed immediately necessary or advisable by a physician.

**Insurance:** I understand that the Academy does not provide any accident or health insurance for its participants and further understand it is my responsibility to provide such coverage.

**Participant Conduct:** I agree to abide by the Academy code of conduct and all policies and procedures of the Academy.

**Property Loss:** The Academy is not responsible for personal property lost, damaged or stolen, while using Academy facilities, including parking lots, or participating in Academy programs.

**Photograph and Video Permission:** I give permission for the Academy to use, without limitation or obligation, photographs, film footage or tape recordings which may include my image or voice for purposes of promoting or interpreting Academy programs. If I do not wish to be included in photographs or video footage, I understand it is my obligation to communicate my wishes to an Academy staff member.

**By signing this agreement, I hereby authorize the Academy to act on my behalf to ascertain those services which I am seeking.**

**Student Name:** \_\_\_\_\_ **Birthdate:** \_\_\_\_\_

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