≱Intake Form

Program Enrollment Type

			PT	ogram Er	ironment Type				
	☐ ABE ☐ AS Institution	E 🗆 ELA/ES	L 🗆 NEDP 🗆 F	amily Lit	eracy 🛘 IELCE 🗒 C	orre	ctional Facility	√ □ Other	.5
Soci	al Security #:				Birth Da	ite:	/ (month/day	/ /year)	
Name: Last			First MI						
Home Address: (Mailing Address / PO Box) City			State Zip			County			
-	Phone Number		*				Email		
(Follow-Up Survey Information select preferred method of contact)		[] Phone	1 Mail 2 Er		Email Personal Contact		t	
GENDER	ETHNICITY AND RACE	WORK	STATUS	LIF	E EXPERIENCES			ATION AND NCOME	REASON FOR ATTENDING
☐ Male ☐ Female Are you a single parent? ☐ Yes ☐ No	1) Choose only one: Hispanic/Latino Not Hispanic/Latino 2) Check all that apply: American Indian or Alaska Native Asian Black or African	☐ Employed (circle one) Full- time job Part- time job ☐ Unemployed ☐ Not in Labor Force		3) Check all that apply: Cultural Barriers Disabled Displaced Homemaker Economic Disadvantage English Language Learner Ex-Offender Exiting TANF w/in 2 years Foster Care Youth Homeless			Highest Education Level Completed on Entry: Was education completed in the U.S.? Yes No What is your approximate total household income? (optional)		Please, select the best answer: Improve literacy and/or math skills Learn English Attain High School Equivalency Get career training Get a job or promotion at work Assist in children's education or other activities
	American Native Hawaiian or other Pacific Islander White			□ Low	g Term Unemployme Literacy Levels ant Farmworker onal Farmworker	ent			□ Improve citizenship skills
Release of All above i	Information Information is self-reported ay release my information	ed and acco	urate. I unde	rstand th	e New Mexico I	Higl	ner Educatio		nd the local Adult Education

Student Signature

Date

Intake Date

NNMC Adult Education Commitment Contract

In taking the Adult Education (AE) High School Equivalency classes, I recognize and understand the level of seriousness and commitment needed on my part.

Please	e check each box to show that you have read and understand each statement.
	I understand that I am responsible for my own success and that I have to work hard in and out of the classroom.
	I understand that homework may be assigned and that I will be expected to complete and return assignments by the due date.
	I understand it is my responsibility to attend all classes as scheduled and for the full duration of the session.
	I understand that I must notify each of my instructors by email if I am not going to attend
	class. I understand that I must come to class ON TIME and return from break ON TIME. If I am
	going to be late or if I need to leave early, I must notify my instructors. I understand that if I am 10 minutes late or more, I will not be allowed into the classroom and counted absent from class. The classroom door will be locked 10 minutes after the class start time.
	I understand that I cannot have more than three absences in a 8-week period.
	I understand that if I have more than three absences, I will be disenrolled from the program. I understand that if I am disenrolled from the program for having more than two absences, I must wait out a regular 8-week session before I can return to the program.
	I understand that missing even one class will be a disadvantage to my learning and it will impact the progress I make towards obtaining my High School Equivalency credentials.
	I must notify the Program Director via withdrawal form if I am no longer able to attend classes.
	I understand that I am not allowed to use my cell phone in the classroom.
	I understand that I must be respectful to all staff and faculty, as well as other students.
	I understand that I must not use profanity in the classroom or make any threats.
	I understand that I must pre/post-test when required. AE staff or instructor will notify me when ready to complete tests.
	The AE program provides a service based on the students ability to demonstrate learning advancement. If a student does not show and maintian progress after two post-tests, the director will determine whether or not the student will remain enrolled in the program.
By sign	ning this contract I am committing to all of the above.
Date: _	
Student	s Signature:
Print Na	ime:

NNMC Adult Education Informed Consent and Information Release Form

Social Security Number

I agree to the use of my social security number or my taxpayer identification number by Northern New Mexico College and the Adult Education Program for reporting, research and record keeping. I understand that my number will be used to gather information about students and programs to meet state and federal funding requirements. It may be used to match with records from other agencies to gather information to help state and local agencies plan education and training services. Funding for the college programs is based on this information. I understand that Northern New Mexico College and the Adult Education Program will protect my confidentiality under their guidelines and that at no time is my social security number given to any other party without my express consent.

Photographs

I hereby give Northern New Mexico College and the Adult Education Program permission to use photographs of me in any reports and publications, including informational brochures and the Northern New Mexico College website. I understand that Northern New Mexico College and the Adult Education Program will not publish the identity of any minor(s) pictured in photographs provided.

Student Signature:	Date:		
Information Release			
(print name) hereby give consent to Northern New Mexico ollege Adult Education Program to release records and other information covered by the Family Rights d Privacy Act of 1974 (FERPA) I understand that by signing this form my records can be released to e individuals listed below and will remain in effect until I submit a written request to cancel thorization.			
Student Signature:	Date:		
The below records and information mainta	ained by NNMC AE can be released:		
☐ All documentation contained in my f	ile		
The information maintained by NNMC Al	E may be released to the following individual:		
Name (Print)	Relation to student		
Name (Print)	Relation to student		
I, (Print Nam records and other information covered by the	ne), Do Not give consent to NNMC AE Program to release Family Rights and Privacy Act 1974 (FERPA).		
Student Signature:	Date:		

Technical Requirements for Learning Remotely

Basic computer equipment is required for remote learning. You will need a computer, laptop, or Chromebook with a webcam, microphone and speakers or headset.

- Many computers, laptops, or Chromebooks have a built-in webcam, microphone and speakers.
- Most webcams also have a microphone.
- Some headsets have a microphone.
- Using a smartphone for Adult Education classes is not recommended. You need to be able to access, download, and submit class assignments from your device and be able to actively participate during your scheduled class time.
- A stable internet connection is required.

Computer Requirements for Taking a Proctored Pre/Posttest

- To pretest or posttest remotely you need a computer, laptop, or Chromebook with a functioning camera, microphone, and speakers.
- Windows 7 is not supported.
- Google Chrome or Firefox is the preferred web browser.
- You cannot pretest or posttest from an iPad, tablet, or smartphone.
- A stable internet connection is required.

Remote Learning Student Guidelines

- Be on time.
- Report your absence to your instructor or Adult Education staff in advance.
- Mute your microphone when you're not talking.
- Stay seated and stay present.
- Be aware of your surroundings.
 - Pick a quiet location free of distractions.
 - It's best to let your family members or friends know your schedule, so that they understand when to reach out and when you need to focus.

Be prepared

- Come to class prepared and ready to participate. Come with completed class assignments and have your books, notebook, and pen or pencil next to you.
- Test Equipment
 - Test internet connection.
 - Make sure camera, speakers, and microphone works.

Your signature below indicates that you have read, understand, and agree with the remote learning requirements.

Date	



STATE OF NEW MEXICO

Underage Permission Form

On (date)	(student's printed name)	seeks permission to (mark one option below):						
	☐ Participate in an Adult Education (AE) or Adult Literacy (AL) Program							
	☐ Take a High School Equivalency (HSE) test (HiSET® or GED®)							
participate. Then, en Administrator will I	nt's parent/guardian and the director of the AE or AL mail it to the State HSE Administrator, Dr. Katya Ba	or Adult Literacy Program: Complete this form and ensure it is program in which the 16- or 17-year old individual wishes to ckhaus, for signature: Katya.Backhaus@state.nm.us. The MHED, and also return a signed copy to the program. A digital n for at least 5 years.						
copy at the State Ac	HSE Administrator, Dr. Katya Backhaus, for signatu	rm and ensure it is signed by the student's parent/guardian. Then, re: Katya.Backhaus@state.nm.us . The Administrator will keep a o the requestor. Turn the signed form in at the HSE testing site. In its form for the Test Site Manager as well.						
	Individuals under the age of 16 may not rec	eive any of the above-listed services.						
Student's date	of birth Date of v	vithdrawal from school, if applicable						
Name, city, an	d state of school from which student withdrew.	If not applicable, you may leave blank.:						
		nd state or country:						
		NO						
	1							
services and op	a description of the situation that resulted in the student poortunities mentioned above. (Continue your explanation)	ent's withdrawal from school and/or decision to seek the ation on the back, if necessary.)						
Because of the about Adult Literacy p	ove-stated situation, we agree that the underage is program or take an HSE test.	ndividual shall be permitted to participate in an Adult Educatior						
Parent/Guardian (sig	nature, printed name)							
Note: Test site man	R AE/AL program director (signature, printed name ager signature is needed only in case of HSE tests. ature needed only for participation in an AE/AL programmer.							
Approved by the HS	F. Administrator (signatura)							