



Registration/Agreement Form

CONFIDENTIAL (if highlighted)

Name: _____ Social Security #: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone: (home) _____ (cell) _____ (work) _____ Email _____
Age: _____ Date of Birth: _____ Place of Birth: _____
 Male Female Is English your first language? Yes No
 Hispanic/Latino African American/Black Asian Native Hawaiian or Other Pacific Islander
 White American Indian/Alaskan Other _____

How did you hear about the External Diploma Program?

Friend/relative Employer
 Community organization Military
 Counselor Brochure
 Newspaper Radio/TV
 Welfare Internet
 Other agency (specify): _____
 Other (specify): _____

Last school attended: _____

Where (city, state): _____

Reason for Enrollment

HS Diploma (Default)

Additional Goal (Optional, check one)

Get a job
 Retain job
 Enter postsecondary education or training
 Improve basic skills
 Improve English skills
 Family goal
 U.S. Citizenship
 Military
 Personal goal

Employment Status: Employed Unemployed Not in the Labor Force

If Employed:

Full time (35 hours per week of more)
 Part time (less than 35 hours per week)

Current Occupation: _____

Employer: _____

Address: _____

Length of time employed there: _____

Are you a full-time homemaker? Yes No

Are you working with a social service agency? Yes No

Voc Rehabilitation

Other: _____

Are you currently enrolled in a training program? Yes No

Do you plan to register in a college or other higher education institution after graduation? Yes No

Last Grade Completed: 6 or less 7 8 9 10 11 12 beyond 12

Agreement

I, _____ will meet with an Advisor to complete the seven Diagnostic Instruments. I agree to retake any part of a Diagnostic Instrument, which has been evaluated as not demonstrated. When I have completed this step, I will become a client in the National External Diploma Program and meet with an Assessor to demonstrate my Generalized and Individualized Competencies.

_____ agrees to accept the above named as a client in the National External Diploma Program, to provide the services of an Advisor and Assessor, and to keep all pertinent records on file.

Date: _____ Signature of Applicant: _____

Date: _____ Signature of Program Staff: _____