Mid-Coast School of Technology Adult Education 1 Main Street – Rockland, ME 04841

Welding & Machine Tool Course Application/Registration Form

		_
Home phone:	Work or Cell Phone:	
Mailing address:	Town & Zip:	
Email:		
Date of Birth:		
Social Security#	(required for Workforce training courses)	
Last Grade Completed in School:		
Are you currently employed?		
Place of employment:		
How did you learn about our Welding/Mach		
What best describes your interest/reasons for	For taking this course (please mark all that apply):	
Employment in the Field		
Employment in New Occup	pation	
Hobby/Personal		
Self-Employment		
Course Name	Start Date	Fee
Sourse Ivame	Start Date	rcc
1		
2		
3.		

Adult Education in Maine is required by Title II of the Workforce Innovation and Opportunity Act to report how many adult learners:

- Are employed after attending adult education and/or
- o Have entered college or a training program after attending adult education

Federal funds are used to pau for some of our classes including reading, writing, math, high school equivalency and high school diploma courses. Gathering employment and post-secondary education information is needed to receive the funding that pays for this part of adult education.

To get this information, this adult education program will use your Social Security Number to match adult education enrollment records with employment and post-secondary records with the agencies listed below.

- O The Maine Department of Labor To report how many adults from Maine Adult Education Programs are employed. The data match does not identify you by name or where you work.
- The National Student Clearinghouse To report how many adults from Maine Adult Education Programs are enrolled in post-secondary institutions.

We are asking you to sign this form giving us permission to use your Social Security Number for a data match in order to obtain the information we need for federal reporting.

The Information obtained by the Department of Education will be used for the sole purpose of data match reporting and will not be shared with other individuals of agencies without your written permission. All data used to conduct the data match will be purged from the Department of Labor system after the report Is complete.

Signature	
Print Name	
Date	

I give permission to use my Social Security Number:

Whether or not you are taking this course for professional advancement, we are asking you to complete the attached forms and to answer some basic demographic questions. The answers to these questions are used by the Department of Education to determine the need for these programs in our community. Because of this, we are unable to complete student registrations without the answers to these questions. If you don't provide them, we end up answering to the best of our ability, and these inaccurate responses throw off planning for rural communities such as ours.

Federal funding for Adult Education supports many of our programs and we appreciate your help in providing important programs to all members of our community. Please let us know if you need any assistance with the forms or have any questions in regard to your classes at MCST. You can reach us at 207-596-7752 x 3 or adulted@mcst.tec.me.us.

Please indicate that you have read this statement. Yes				
First Name:	me: Middle Name:			
	ame: Preferred Name/Nickname:			
Date of Birth: (MM/DD/YYYY)/				
Address:				
City:	State:	Zip:		
Primary Contact Phone:	Work Phone:		ext	
Emergency Phone:	Other Phone:			
Email:				
Male What are your preferred pronouns?				
she, her, hersother				
he, him, his Prefer not to answer				
they, them, theirs				
Federal reporting requires us to ask about rac must <u>also</u> select at least one race. Check all that			oanic/Latino, you	
Ethnicity - Hispanic/Latino	Race - Blace	ck or African Am	erican	
Race - American Indian or Alaskan Native	Race - Nat	Race - Native Hawaiian or Pacific Islande		
Race - Asian	Race - Wh	ite		
Do you have a Driver's License? (circle one)	Yes/No			

Do you have Reliable T	ransportation? (circle one)	Yes/No		
Are you Registered to Vote? (circle one)		Yes/No		
Do we have your permi	ssion to release academic rec	cords? (circle one)		
Yes/No				
Do we have your permi	ssion to release information ((FERPA)? (circle one)		
Yes/No				
receive funds under applie	hat protects the privacy of stude cable programs. For more infor cy/gen/guid/fpco/ferpa/index.htm	mation go to:	lies to all schools that	
The following questions courses:	are required by the Maine De	epartment of Education for	Workforce Training	
Do any of the followingIndividual with a Disa	11 0	Foster Care Youth Stat	tus at Program Entry	
Long-term Unemploye	ed at Program Entry	Homeless Individual, I	Homeless Children and	
(More than 27 consecutive weeks).		Youths, or Runaway Youth at Program Entry		
Exhausting TANF Within 2 Years (Part A Title		Ex-Offender Status at	Program Entry	
IV of the Social Secur	ity Act) at Program Entry			
Native Language :				
Check all that apply:				
Does Not Apply (N/A)		In a Community Correctional Program		
In correctional facility?		In other institutional setting?		
Low Income Status a	t Program Entry			
Federal Poverty Guidelin	nes for the 48 Contiguous US a		e as follows:	
Persons in Household	Income	Persons in Household	Income	
1 2	\$14,580 19,720	5 6	35,140 40,280	
3	24,860	7	45,420	
4	30,000	8	50,560	
English Language Le	earner at Program Entry			
Basic Skills Deficien	t/Low Levels of Literacy at Pr	ogram Entry		
Cultural Barriers at P	rogram Entry			
1 0	ral Barriers are: language, ste l a sense of isolation due to cu		ns and symbols,	
Single Parent at Prog	ram Entry			

Displaced Homemaker at Program Entry	
*	ed for wages full-time, year-round for a number of years, has cared yed, and is experiencing difficulty in obtaining or upgrading
Migrant and Seasonal Farm Worker Status at	t National Farmworker Jobs Program (WIOA sec. 167)
Adult Education History (Check all that apply)):
Currently Enrolled	Earned Credits at 2 or more Adult Ed Programs
Earned High School Equivalency	None (N/A)
Earned Diploma	Previously Enrolled
Earned Credits at another Adult Ed Program	Earned a Certificate
Living in Rural Area? (Circle One)	
Urban Rural	
Act? (circle one) Yes/No Are you on Public Assistance?	s authorized under Title I of the Workforce Investment
Check all that apply:	
None (N/A)	WIC
Unemployment	MaineCare
Food Stamps (SNAP)	Migrant Worker
SSI or SSDI	TANF
How did you learn about this program? (Chec	ck all that apply):
Catalog	Educational or Other Institution
MCST Website	Career Center
Social Media	Employer
Previously Attended	Military Recruiter
Advertisement	Court
Friend/Relative	Other
Please fill out the attached Release of Social S	ecurity Number and Exchange Information form and

Please fill out the attached Release of Social Security Number and Exchange Information form and return it to MCST before your course begins.

I have received the Release of Social Security Number and Exchange Information form (circle one): Yes/No