



2022 TSS Enrollment Form

STUDENT CONTACT INFORMATION

Note: Completion of this informational form is required for all participants in all programs hosted by JN Outreach Foundation.

Student Name: _____
Last First Middle

Date of Birth: _____ / _____ / _____ **Age:** _____

Address: _____

City: _____ **Zip:** _____

Home: (_____) _____ **Cell:** (_____) _____

Email Address: _____

EMERGENCY CONTACT

Name: _____ **Relationship:** _____

Home: (_____) _____ **Cell:** (_____) _____

STUDENT DATA

Gender: Male Female non-binary/third gender

Race: White Black or African American Hispanic/Latino Asian

Native Hawaiian or Pacific Islander American Indian or Alaska Native

Other: _____

Language(s) spoken at home: _____

Country of birth: _____

Highest level of education completed: (Select one)

9th Grade 10th Grade 11th Grade 12th Grade High School Diploma

High School Equivalency (GED) Associate Degree None

TO BE COMPLETED BY JN OUTREACH

Orientation Date _____ / _____ / _____ Intake Counselor: _____

Student's Name: _____
Last First

Select all that apply:

- Recently Incarcerated in a Correctional Institution
- Currently on Supervised Probation/Parole
- Currently attending a recovery/rehabilitation program

How did you hear about the JN Outreach? Media Walk-in Internet

Family/Friend Previous Enrollment Other: _____

STUDENT STATUS and SPECIAL POPULATIONS

Employment Status: (select one)

- Employed Self-employed Unemployed Not working

Do you have a medical or health condition that we should be aware of? Yes No

If yes, please explain:

Individual with Disabilities Notice (Optional)

In accordance with the requirements of Title II of the Americans with Disabilities Act of 1990 ("ADA") and Section 504 of the Rehabilitation Act of 1973, JN Outreach will not discriminate against qualified individuals with disabilities on the basis of disability in its services, programs, or activities.

Are you an Individual with a Disability? Yes No Do not wish to disclose

Special Accommodations Notice (Optional disclosure)

If you have a disability and/or a condition and desire any special accommodation for instruction or testing, it is your responsibility to notify the program administration office and provide professional documentation of your disability.

Do you wish to request any special accommodation(s)? Yes No

If yes, please explain:

Student's Name: _____
Last First

CONFIDENTIALITY NOTICE

This adult educational program may release your student information only for specific reasons allowed under the Family Education Rights and Privacy Act (20 U.S.C. § 1232g; 34 CFR Part 99), such as program evaluation purposes.

If you do not wish this information to be disclosed, please check this box:

Print Student Name: _____

Student's Signature: _____

Date: _____

***If student is under the age of 18, parent/guardian info is required below:**

Parent/Guardian First & Last Name: _____

Address: _____

City: _____ **Zip:** _____

Home: (_____) _____ **Cell:** (_____) _____

Email Address: _____

Parent/Guardian Signature: _____