



# STUDENT REGISTRATION FORM

staff use only

**MODIFIED FOR ONLINE ORIENTATION**

Date form completed \_\_\_\_\_

Name \_\_\_\_\_

**Last**

**First**

**M.I.**

**Maiden or other former name**

Address \_\_\_\_\_ Apt.# \_\_\_\_\_ Phone 1 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_ Phone 2 \_\_\_\_\_

Are you over 16 and formally withdrawn from school? Yes No Email \_\_\_\_\_

## General Information

Do you have an F-1 Visa? Yes No

Education (including from another country)  
Last full grade completed \_\_\_\_\_

Did you graduate from high school or its equivalent?  
Yes No

What are your goals for coming to this program?

- To improve basic skills
- To improve English language skills (ESOL)
- To obtain a job
- To retain or improve current job
- To earn high school equivalence or secondary school diploma

- To enter postsecondary education or training
- To decrease public assistance received
- To obtain citizenship skills
- To register to vote or to vote for the first time
- Other (Specify \_\_\_\_\_)



## Release of Information Form

I, (print name) \_\_\_\_\_, authorize the Chancellor of the Ohio Department of Higher Education to release my educational records, which includes my name, social security number, student ID number, and date of birth, to the agencies listed below. The agency use of these records is limited to and in connection with the audit and evaluation of Federally supported education programs, or in connection with the enforcement of the Federal legal requirements, that relate to such programs.

**Student/Examinee information released to for the purpose of:**

**Employment**

Ohio Department of Job and Family Services  
30 East Broad Street, 32nd Floor  
Columbus, Ohio 43215

**High School Equivalence Diploma**

Ohio Department of Education  
25 S. Front Street  
Columbus, Ohio 43215

**Education Outcomes for students co-enrolled**

Opportunities for Ohioans with Disabilities  
400 East Campus View Blvd.  
Columbus, OH 43235

My signature is acknowledgement that I have read and voluntarily consented to the release of the above-mentioned educational records as collected and utilized by the Aspire program I have previously enrolled in or tested with.

\_\_\_\_\_  
**Signature of Student/Parent or Guardian\***

*If signing electronically, type /s/ First and Last Name.*

\_\_\_\_\_  
**Date**

**\* Students under the age of 18 must have this consent form signed by the student’s parent or guardian.**

Revised August 2020