

MPTC Basic Education Registration Worksheet

2019

Please Print

Social Security Number				Student ID Number N			
Last Name			First		MI	Prior Name	
Mailing Address			Apt #		City		State
Cell Phone () ()		Home Phone () ()		Legal Residence <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township of _____			County of _____
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth MM / DD / YYYY		Email Address			Have you attended Moraine Park before? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have either of your parents completed: Check all that apply <input type="checkbox"/> 1 - High School Diploma <input type="checkbox"/> 3 - Bachelor's Degree <input type="checkbox"/> 0 - None <input type="checkbox"/> 2 - Associate's Degree <input type="checkbox"/> 4 - Master's Degree or Beyond			Ethnicity Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Race (Check all that apply.) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> White <input type="checkbox"/> Native Hawaiian or other Pacific Islander		
Country of Birth				Primary Language			
Name of High School Attended				City		State	
Highest US Grade Completed at Enrollment (Circle 1 response.)							
Did not attend school 1 2 3 4 5 6 7 8 9 10 11 12 Above 12th grade No equivalent grade available							
Credentials Received at Enrollment (Check all that apply. If checking 02, 03, or 04, year of completion is required.) <input type="checkbox"/> 01 - No credential (no GED or higher) <input type="checkbox"/> 02 - GED Year completed: _____ <input type="checkbox"/> 03 - HSED Year completed: _____ <input type="checkbox"/> 04 - High school diploma Graduation Year: _____ <input type="checkbox"/> 05 - Some college (postsecondary credit, including Advanced Technical Certificates) <input type="checkbox"/> 06 - Short-term diploma (state-approved program of less than 1 year) <input type="checkbox"/> 07 - 1 year diploma <input type="checkbox"/> 08 - 2 year diploma (includes Apprenticeship) <input type="checkbox"/> 09 - Associate degree <input type="checkbox"/> 10 - Associate degree plus additional credential <input type="checkbox"/> 11 - Baccalaureate <input type="checkbox"/> 12 - More than Baccalaureate				Work Status at Enrollment <input type="checkbox"/> 01 - Full-time <input type="checkbox"/> 02 - Part-time <input type="checkbox"/> 03 - Underemployed <input type="checkbox"/> 04 - Unemployed, seeking employment (excluding dislocated workers) <input type="checkbox"/> 05 - Not in Labor Market (excluding dislocated workers) <input type="checkbox"/> 06 - Dislocated Worker Are you a veteran? <input type="checkbox"/> 2 - Yes <input type="checkbox"/> 3 - No Are you a displaced homemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No		Occupation & Employer	
						Migrant/Seasonal Farmworker <input type="checkbox"/> 01 - Seasonal Farmworker <input type="checkbox"/> 02 - Migrant and Seasonal Farmworker <input type="checkbox"/> 03 - Dependent of Seasonal or Migrant Farmworker	
						Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No Limited English Proficiency? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Economically Disadvantaged? <input type="checkbox"/> Yes <input type="checkbox"/> No (See below if Yes. Select up to 4) <input type="checkbox"/> 01 - W2/TANF (Temporary Assistance to Needy Families) <input type="checkbox"/> 03 - DVR (Department of Vocational Rehabilitation) <input type="checkbox"/> 04 - Income at or below poverty level <input type="checkbox"/> 05 - Tribal General Assistance <input type="checkbox"/> 06 - WIOA (Workforce Innovation Opportunity Act), TAA, TRA <input type="checkbox"/> 98 - Needs-based <u>student</u> financial assistance (e.g., Pell, SEOG, WHEG, BIA grants) <input type="checkbox"/> 99 - Other needs-based financial assistance - nonstudent related (e.g., SSI, Food Stamps, Energy Assistance, Free or Reduced Lunches, WIC)				Disability Status (Report only 1 primary disability.) <input type="checkbox"/> 01 - Deaf <input type="checkbox"/> 09 - Specific-learning disability <input type="checkbox"/> 02 - Deaf-blind <input type="checkbox"/> 10 - Speech or language disability <input type="checkbox"/> 03 - Hard of hearing <input type="checkbox"/> 11 - Visual disability <input type="checkbox"/> 04 - Intellectual disability <input type="checkbox"/> 12 - Autism Spectrum Disorder <input type="checkbox"/> 05 - Multi-disabled <input type="checkbox"/> 13 - Traumatic Brain Injury <input type="checkbox"/> 06 - Mobility and/or Orthopedic disability <input type="checkbox"/> 98 - Self-identified disability <input type="checkbox"/> 07 - Other health impairment <input type="checkbox"/> 99 - No disability <input type="checkbox"/> 08 - Psychological disability			
Barriers to Employment – Check all that apply <input type="checkbox"/> On Long-Term Unemployment <input type="checkbox"/> Low Income <input type="checkbox"/> An Ex-offender <input type="checkbox"/> None <input type="checkbox"/> Exhausting TANF within 2 years <input type="checkbox"/> Foster Care Youth <input type="checkbox"/> Homeless Individual or Runaway Youth							
Signature						Date	

