

2024-2025 Learner Registration Form

Preferred Class Time:		Start Date:	
	MI:	Gender:	
l:			
Did Not GraduateGED/HSEHS Diplo			
	SS#:		
Are you a migrant. No Yes, ex Are you or your sp No Yes Are you a client w No Yes Are you an ex-off No Yes Have you received	/seasonal farm v kplain: pouse active mili Spouse rith Vocational F ender? d employment se I don't know	vorker? itary? Rehabilitation?	
•		-	
-	mai minuence a	way of thinking,	
vation? How did you	ı hear about W	AE?	
Si ann atuur			
	Email:	SS#:	

(print name), am enrolled in an adult basic education (ABE) agencies program. This ABE program works with the following programs and to help students improve their skills and earn better jobs: Other state-funded adult education programs WorkOne offices and job training programs Public and private colleges · State executive offices, departments, and agencies including the Indiana Department of Workforce Development (IDWD), Division of Adult Education and the Indiana Department of Education By signing this form, I understand and agree to the following: DWD use of directory information (name, address, birth, and social security number) to match test score records, wage information, and college/training program enrollment records that assist the state to evaluate and improve its programs and to report results to the federal and state government The sharing of information between the agencies and programs listed above. This information may include my name, enrollment information, education/career goals, test scores, and employment history. The information will be kept strictly confidential and will be used for program administration, research, and evaluation purposes. If a student is under the age of 18 at the time of their enrollment for the HSE, the parent signature below gives the student permission to take the assessment. Signature of student or Date Signature of staff/witness to student's Date parent/guardian* signature

Release of Information

Policies and Expectations

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

Working under the Department of Workforce Development, the WAE Staff is responsible for providing an atmosphere that is conducive to learning. Teachers will provide necessary instruction, resources, and accommodations, to assist all students in successful completion of the HiSET exam or course of study. However, as an <u>adult program</u>, student success depends on participation and commitment.

- Students are expected to conduct themselves as adults, showing respect to teachers and other students.
 - Students are expected to attend all scheduled classroom instruction. If class must be missed for emergency or illness, student must communicate with their teacher or program coordinator.

Classroom Hours Expectations for HSE Testing

Per requirements set forth by Indiana Department of workforce Development, HSE students must complete a **minimum of 20 hours** of classroom instruction in order for the State to cover the HSE testing fee of \$140. If a student does not complete the minimum classroom hour requirement, they will be responsible for paying the total amount of \$140 in the form of a money order made out to Whitewater Adult Education prior to scheduling the exam.

Retesting Policy

A minimum score of 8 is needed to pass HiSET test sections. If a student scores a 7 (1 on essay), he/she must attend 4 consecutive classes before scheduling a retest. If a student scores lower than 7, he/she must attend 8 consecutive classes before scheduling a retest.