San Bernardino Public Library  
Jack L. Hill Lifelong Learning Center  
Student Enrollment Form

DATE: ____________

Office use only:  
Application taken by: _____  
Student ID #

Name

First: ___________________  Middle: ___________________  Last: ___________________

Gender: Male:____  Female: ____  Non-Binary:_____  Birth Date: _____/_____/______

SSI #: ______/_____/______

Education:

Highest Year of School:_______  Was this outside the USA? Yes _____  No _____

Highest Degree or Diploma:

_____None  _____A.A./A.S. Degree
_____HSE Certificate  _____4 yr. College Graduate
_____High School Diploma  _____Higher than a B.A./B.S.
_____Technical Certificate  _____Individual Education Plan
_____Some college no degree  _____Other Diploma/Degree

Was this degree/diploma earned outside the USA? Yes _____  No _____

Ethnicity & Language:

Ethnicity: ___Hispanic or Latino  ___Not Hispanic or Latino

Native Language:

__N/A   __Hmong   __Urdu   __Nepali   __Cambodian   __Ukrainian
__English   __Haitian   __French   __Burmese   __German   __Lao
__Spanish   __Somali   __Portuguese   __Hindi   __Amharic   __Swahili
__Arabic   __Russian   __Japanese   __Karen   __Navajo   __Other
__Chinese   __Korean   __Panjabi   __Gujarati   __Polish
__Vietnamese   __Tagalog   __Bengali   __Farsi   __Armenian
Race:
- ___White
- ___Asian
- ___Black or African American
- ___Filipino
- ___American Indian
- ___Native Hawaiian
- ___Alaskan Native
- ___Filipino
- ___American Indian
- ___Pacific Islander
- ___Native Hawaiian
- ___Alaskan Native

Address & Contact Information:
Address: ____________________________  Zip: __________  City: ____________________________  State: ______
Phone: ______________  Cell Phone: ______________  Email: __________________________________________

Employment Barriers:
- ___Cultural Barriers
- ___Person with Disability
- ___Displaced Homemaker
- ___English Language Learner
- ___Homeless
- ___Long Term Unemployment
- ___Low Income
- ___Low Levels of Literacy
- ___Migrant & Seasonal Farmworker
- ___Seasonal Farmworker
- ___Single Parent
- ___No TANF in 2 Years or Less

Education & Other Goals:
What are 2 goals that you want to reach within 1 year?
[Please mark in order of importance #1 for Primary, #2 for Secondary]

- ___Improve Basic Skills
- ___Improve English Skills
- ___High School Diploma or H.S.E
- ___Get a Job
- ___Retain Job
- ___Get a better job
- ___Enter College or training
- ___Work-based project
- ___Family Goal
- ___U.S. Citizenship
- ___Military
- ___Personal Goal
- ___Enter Short-term Training
- ___Get off TANF or other Public Assistance
- ___None
- ___Other Attainable Goal

Labor Force Status:
- ___Unemployed
- ___Employed with notice
- ___Employed
- ___Not in Labor Force (retired, full time student, stay at home parent)

Student Signature: ____________________________  Date: __________
Student Technology Intake Survey  * indicates required fields

1. What school are you going to: *

Jack L. Hill Lifelong Learning Center (San Bernardino Public Library)

2. What is your first and last name? ________________________         ______________________________
   First*                                   Last*

3. If you attended our school in the past, what was your teacher’s name?
   __________________________________________

4. What classes or programs are you interested in? (Check all that apply) *
   ___ Basic Skills
   ___High School Diploma
   ___High School Equivalency (GED, HiSET, TASC)
   ___English as a Second Language
   ___Citizenship Preparation
   ___Career Technical Education
   ___Workforce Preparation

5. What are your career, employment, or educational interests or goals? __________________________________________

6. Do you use email at home or at school? * ___Yes       ___No

7. If you use email at home or at school, what is your email address?
   __________________________________________

8. What is a cell phone number where you can be reached?
   __________________________________________

9. Is your cell phone a smart phone? * ___Yes       ___No

10. Have you ever taken a class online? * ___Yes       ___No

11. What is your feeling about learning online?*
    ____ I will continue to learn online.     ____ I don't think I can learn online right now.

12. Which device(s) do you or can you use for online learning? (Check all that apply)
    ____Cell Phone       ____Tablet       ____Laptop or Computer       None (I don’t have a device)
    Other ____________________________________________________________________________________

13. Do you share this computer, laptop, or other device with others at home?* ___Yes       ___No
14. How do you connect to the internet? *
   ___Through my phone   ___Wi-Fi/Internet connection in my home
   ___Personal Hotspot   ___Wi-Fi in the community
   Other ________________________________________________________________

15. Do you have data limits at home or on your phone that would keep you from learning?*
   ___Yes   ___No   ___I don’t know

16. Do you have a quiet place to study at home?*   ___Yes   ___No

17. Please mark the items below that would help you to study online. (Check all that apply) *
   ___I do not need additional help
   ___a device to help me study online
   ___help to get on the internet like a mobile hotspot
   ___help getting into my online textbooks and/or classes
   ___technical help fixing or using online stuff
   ___flexible study times
   ___Other ________________________________________________________________
   ________________________________________________________________

18. How did you hear about our school?
   ___Website
   ___Catalog
   ___Family or Friend
   ___Advertisement
   ___Other ________________________________________________________________
   ________________________________________________________________

* indicates required fields
Voluntary Authorization to Share Personally Identifiable Information and Records Form

PURPOSE OF THIS FORM

The purpose of this form is to facilitate compliance with the Workforce Innovation and Opportunity Act (WIOA) (Public Law No. 113–128) signed by President Obama in 2014, the Family Educational Rights and Privacy Act (FERPA) (20 United States Code § 1232g; 34 Code of Federal Regulations Part 99) and California Unemployment Insurance Code Section 14013. This form: (i) allows the California Department of Education (CDE) to collect your social security number (SSN) so that accurate participation in adult education programs can be represented in reports; and (ii) provides your written consent for the CDE to share your personal information with the Employment Development Department (EDD). EDD is the state agency responsible for maintaining personally identifiable information, and shall keep all information confidential it receives from the CDE for use only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA, Title II: Adult Education and Family Literacy Act (AEFLA).

PLEASE READ THE FOLLOWING CAREFULLY

I understand that the CDE is requesting my SSN and my written consent to share my personal information with the EDD, who shall keep the information confidential and use it only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA, Title II: AEFLA.

I understand that I have the right to decline this request and that I am not required to give my permission.

I understand that whether or not I agree to share my personal information and records, they will continue to be protected in accordance with the FERPA and other applicable state and federal laws.

I understand that my enrollment and eligibility to participate in the WIOA, Title II: AEFLA programs does not depend on my consent to this request. In fact, if I decline the request to provide and share my personal information, my enrollment and eligibility for services shall not be affected.
(Initial) I consent and agree to provide my SSN and share my personally identifiable information and records:

I, (Print Name) ________________________________ hereby consent and agree that the CDE may collect my SSN and share my personally identifiable information with the EDD. The EDD shall keep the information confidential and use it only to track the labor market outcomes of adult education program participants in compliance with all applicable state and federal laws and mandates, including all performance reporting requirements under the WIOA.

Or,

(Initial) I do not consent to share my personally identifiable information and records:

I, (Print Name) ________________________________ do not consent or agree that the CDE may collect my SSN and share my personally identifiable information with the EDD.

I acknowledge that I have not signed a similar form for the purposes of receiving adult education services in California using a different first or surname or date of birth, using the SSN provided herein.

________________________________
SSN (if consent given)

__________________________________  ________________
Signature                              Date
<table>
<thead>
<tr>
<th>Worker Role</th>
<th>Learner Role</th>
</tr>
</thead>
<tbody>
<tr>
<td>Other Goals in the LifeLong Learner</td>
<td>Other Goals in the LifeLong Learner</td>
</tr>
<tr>
<td>Get a diploma</td>
<td>Get a diploma</td>
</tr>
<tr>
<td>Use the Library</td>
<td>Use the Library</td>
</tr>
<tr>
<td>Use new technology skills</td>
<td>Fill out a form or application</td>
</tr>
<tr>
<td>Write a work-related material</td>
<td>Write a letter, poem, story, or essay</td>
</tr>
<tr>
<td>Write work-related material</td>
<td></td>
</tr>
<tr>
<td>Use work-related technology</td>
<td>Write a note, message, or text</td>
</tr>
<tr>
<td>Perform current job tasks better</td>
<td>Read news or magazine</td>
</tr>
<tr>
<td>Get a job or a better job</td>
<td>Read a novel or difficult book</td>
</tr>
<tr>
<td>Interview for a job</td>
<td>Apply for a job</td>
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<tr>
<td>Search for a job</td>
<td></td>
</tr>
<tr>
<td>My Goals as a Learner</td>
<td>My Goals as a Learner</td>
</tr>
</tbody>
</table>

For additional information, please see Roles & Goals instructions and FAQs sheets.

- Also use the companion worksheet when you and your learner have set and realized indicators (evidence) of goal achievement.
- Use the dates (month/year) to indicate date goals were set or updated; provisions goals may be reset by updating the “Date Making Progress” column.
- You may also record additional information about unachieved goals and improvements by learner.
- When using the priorities set goals, use this form to indicate whether the learner is making progress. Note that you may be interested in a particular goal.
- These sheets are for learners to begin a conversation with the adult learner concerning what they would like to accomplish through their learning.

Learner Name: [Name]

Roles & Goals
## Roles & Goals

### My Goals at Home and as a Family Member

<table>
<thead>
<tr>
<th>My Goals at Home and as a Family Member</th>
<th>Date Goal Set</th>
<th>Date Making Progress</th>
<th>Date Goal Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Share a book with a family member</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Take a family member to a library program</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Help a family member with homework and studying</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Read a medicine label</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Pay my bills</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Access help with family legal documents</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Communicate effectively with educators</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate effectively with medical professionals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communicate effectively with family members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Navigate systems and services</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### My Goals as a Community Member and Citizen

<table>
<thead>
<tr>
<th>My Goals as a Community Member and Citizen</th>
<th>Date Goal Set</th>
<th>Date Making Progress</th>
<th>Date Goal Met</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access community resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Get involved in the community</td>
<td></td>
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<tr>
<td>Speak to others about the library literacy program</td>
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<tr>
<td>Get a driver license</td>
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<td></td>
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<tr>
<td>Become a citizen</td>
<td></td>
<td></td>
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<tr>
<td>Prepare to vote</td>
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<td></td>
<td></td>
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<tr>
<td>Vote</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Other Goals in the Home and Family Member Role

### Other Goals in the Community Member and Citizen Role

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**Unanticipated Achievements (other things I have accomplished since the last Roles & Goals review).**
PUBLICATION RELEASE

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I hereby release, discharge, and hold harmless the Library and its agents from any and all claims, demands, or causes of action that I may hereafter have by reason of anything contained in the photographs or video.

I do further certify that I am of legal age, or possess full legal capacity to execute the foregoing authorization and release. □ Yes □ No

Signature of Authorization: ____________________________ Date: ________________