

- Job/Employment Military Services-Army, Navy, Air Force, Marines, Coast Guard
- Training-Vocational or Technical Program--Less than two years (License or Certification)
- College or University-Two or more years of study (Degree)

After receiving your GED, what kind of job would you like to acquire? (Indicate job or related field.) _____

How did you find out about HEP? (Please check only one.)

- School Migrant Education Program: _____ Family Member/Friend/Acquaintance _____
- News Media - Newspaper – Radio Flyer/Brochure/Information Sheet DSHS
- Opportunity Industrialization Center (OIC) Informational Fair Other: _____

What was your reason for leaving school? (Please check all that apply.)

- Work/Migrating Pregnant Married
- Grades School Credits Age
- Attendance Family Concerns School Problems
- Personal Problems Other: _____

PERMISSION TO SHARE INFORMATION (SECTION 4)

I hereby give permission for the High School Equivalency Program (HEP) to share/use any pertinent information regarding my involvement with the program to individuals, government agencies, and/or other entities involved with my participation at HEP (i.e., GED testing center, food stamps office, educational institutions, unemployment agency, etc.).

Please initial here if you agree to the above statement → Student: _____ Parent/Guardian: _____

PARENTAL PERMISSION (For dependents of migrant/seasonal farm workers) (Section 5)

<input type="checkbox"/> Parent <input type="checkbox"/> Guardian	Name	Day time Phone	Night time Phone
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I, the undersigned, certify that I have spent, or have a child who has spent a minimum of 75 days during the past 24 months as a migrant or seasonal farm worker.

I also certify that my child has permission to participate with the High School Equivalency Program (HEP) at Columbia Basin College. I further certify that all information provided within and regarding this application is correct to the best of my knowledge and understand that any incorrect information is just cause for immediate dismissal of my child from the program.

_____/_____/_____
Parent/Guardian Signature Date

STATEMENT OF ACCURACY (SECTION 6)

I, the undersigned, certify that I have spent or have a parent who has spent a minimum of 75 days during the past 24 months as a migrant or seasonal farm worker.

_____/_____/_____
Applicant Signature Date

RECERTIFICATION (SECTION 7)

I certify that all information provided within and regarding this application is correct to the best of my knowledge and understand that any incorrect information is just cause for immediate dismissal from the program.

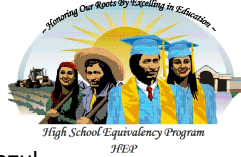
_____/_____/_____
Applicant Signature Date

OFFICE USE ONLY	Applicant Qualification Verification Checklist			
	General:	<input type="checkbox"/> Migrant (CEO)	<input type="checkbox"/> Seasonal	<input type="checkbox"/> Employment Verification Form <input type="checkbox"/> Paycheck Stubs
	Minor:	<input type="checkbox"/> GED Waiver Form	<input type="checkbox"/> Parental Permission or Marriage Certificate	
	Entrance Exam:	<input type="checkbox"/> TABE scores	<input type="checkbox"/> Previous GED Scores	<input type="checkbox"/> OPT
	This application is hereby verified as meeting eligibility requirements for the High School Equivalency Program at Columbia Basin College per the HEP eligibility committee.			
_____ Director Signature	_____/_____/_____ Date	Entrance Test Scores: R _____ M _____ Date: ____/____/____		



APLICACIÓN PARA ADMISIÓN

Programa de Equivalencia a la Escuela Preparatoria Año Fiscal 2009-2010



Favor de imprimir legiblemente usando tinta negra o azul.

Adulto Menor **Fecha:** / /

INFORMACIÓN PERSONAL (SECCIÓN 1)

Nombre: _____ Sexo: Masculino Femenino
Apellido Primer Medio Sobrenombre

Número de Seguro Social: _____ - _____ - _____ Fecha de Nacimiento: ____/____/____ Edad: _____

Lugar de Nacimiento: _____ Correo Electrónico (e-mail): _____

Dirección para Correspondencia: _____
Calle o número de caja postal. Ciudad Estado Código Postal

Domicilio: _____
(Si es diferente de la anterior) Calle o número de caja postal Ciudad Estado Código Postal

Teléfono de Casa: _____ # de Emergencia: _____ Pariente Amigo

Estado Marital: Soltero(a) Casado(a) Divorciado(a) Otro _____

Etnicidad: Latino Blanco Afro-Americano Nativo-Americano Otro _____

Estado Residencial: Ciudadano Residente Legal Otro _____

EDUCACIÓN (SECCIÓN 2)

Última Escuela Atendida: _____ Último Grado Cumplido (1-12): _____

Distrito Escolar: _____ Fecha que se Retiró: _____

¿Tiene usted un diploma de preparatoria estadounidense? Sí No

¿Ha recibido clases de GED o instrucción anteriormente? Sí No ¿Sí es así en dónde? _____

¿Ha atendido otro HEP anteriormente? Sí No ¿Sí es así en dónde? _____

Complete esta sección si ha tomado el examen de GED anteriormente.

Que tipo de instrucción ha recibido antes de tomar el GED?

Ninguna Clases Tutoría Instrucción Asistida por Computadora Estudio Propio

¿Dónde tomó el/los examen(es) de GED? _____

<u>Examen</u>	<u>Puntos</u>	<u>Fecha</u>	<u>Examen</u>	<u>Puntos</u>	<u>Fecha</u>
<input type="checkbox"/> Escritura	_____	____/____/____	<input type="checkbox"/> Literatura	_____	____/____/____
<input type="checkbox"/> Estudios Sociales	_____	____/____/____	<input type="checkbox"/> Matemáticas	_____	____/____/____
<input type="checkbox"/> Ciencias	_____	____/____/____			

CUESTIONARIO (SECCIÓN 3)

¿Qué desea hacer después de recibir su G.E.D.? (Favor de marcar todas las que le apliquen.)

Trabajo/Empleo Servicio Militar-Army, Navy, Air Force, Marines, Coast Guard

