

SINTE GLESKA UNIVERSITY

SGU Adult Basic Education/GED Program **Student Intake Form**

Have you previously enrolled in the SGU ABE/GED Program?

Welcome to the Adult Basic Education/GED Program! The intake form collects important

☐ Yes

□ No

Version: 10/2020

information required for your student file. Please complete all sections and let the staff know if you have any questions while completing this form. Please let us know if there are any changes to your phone number or address so we can update your file. Thank you!

Name: First Name Middle Initial Last Name Suffix (Sr. Jr.) Date of Birth: /	Name:						
Mailing Address: Street Address/PO Box City State Zip Code	First Na	ame	Middle Initi	al L	ast Name	Suffix	(Sr. Jr.)
Mailing Address: Street Address/PO Box City State Zip Code	Date of Birth:	/		ID Nun	nber:		
Phone Number(s): Primary Phone Secondary Phone					(LEAVE BLA	NK - staff wil	l assign)
Phone Number(s): Primary Phone Secondary Phone	Mailing Address:	01 1 1	11 /DO D				
Email Address:						State	Zip Code
Email Address:	Phone Number(s):		Primary Phono		Socondary Phone		
DEMOGRAPHIC INFORMATION Gender: Ethnicity: Work Status: □Male □American Indian/Alaska Native □Employed Full Time □Employed Part Time □Black or African American □Unemployed □Not Looking/Unavailable for Work Status: □Male □Black or African American □Unemployed □Not Looking/Unavailable for Work □Asian □Native Hawaiian/Pacific Islander Are you an enrolled member of the Rosebud Sioux Tribe? □ Yes □ No If Yes, which community do you live in? SCHOOL HISTORY Have you been officially dropped from the school enrollment as of today? □ Yes □ No Last school you attended (K-12): □ Highest grade completed: □ AGE VERIFICATION AND RELEASE OF INFORMATION I verify that I am at least 18 years of age, no longer enrolled in an accredited high school, and have not obtainer high school diploma or GED/high school equivalency credential. I understand that my data will be included in aggregate reports to program stakeholders and that no personal or identifying information will be disclosed without my written consent on a Release of Information form. I agree that my name, contact information, student data, and program status will be shared with other staff in the			Fillilary Filone		Secondary Phone	;	
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