



**Enrollment/Registration
CONFIDENTIAL RECORD
Ute Mountain Learning Center
Adult Education and Grant Programs Enrollment Form
Towaoc, CO 81334**



Personal information

New Continuing Returning

Entry date _____

Name _____ Birth date _____
last first MI

Physical Address _____ Gender: **M** **F**
city state zip

Cell phone _____ (text ok? **Y** **N**) Home phone _____ Are there children living with you? **Y** **N**

Email address _____ What is your preferred means of contact (*circle*): phone, text, email?

Social Security Number _____ Do you have computer & Internet access at home? **Y** **N**

Are you currently living at the UMUT reservation? **Y** **N**

Goals/Expectations

_____ intake educational target

Are you expecting to be working for pay within the next six (6) months? _____ *If yes, how many hours per week?* _____

How much should a job pay for you to take it? _____

Education history

Last School Attended _____ Colorado Other U.S. State _____

Highest Grade Completed (*please circle one*)

0 1 2 3 4 5 6 7 8 9 10 11 12 Over 12th Year last attended _____

Have you completed high school? **Y** **N** Did you obtain a GED or equivalent? **Y** **N** *please specify state* _____

Do you have prior college experience? **Y** **N** If yes, please specify: *Field/major* _____

Institution _____ *Last credential & year completed* _____

Have you participated in any of the following before?

- Classes for high-school equivalency (GED, HISET, etc.) English as Second Language Classes for college success
- Classes for college credit Occupational Training (noncredit) Classes for work success skills

Background

Of which Tribe are you a member? _____

American Indian or Alaska Native

Hispanic/Latino

Native Hawaiian or Other Pacific Islander

Asian White Black/African American

First language other than English? Please specify _____

Head of Household? **Y** **N**

Are you a Tribal employee? If yes, where _____

Relationship status: Single Married Widowed

Do you possess a valid Driver's License? **Y** **N**

Divorced/separated Living w/partner

Census # _____

UMUT referral agent:

- Social Services WIOA Headstart/ECE Corrections
- Housing Voc. Rehab Senior Assistance Other _____

Routing request:

- Temporary Worker Program
- Tribal K12

Enrollment/Registration CONFIDENTIAL RECORD

Income status (check all that apply)

Approximate personal earnings during prior 12 months: _____ Verification received

TOTAL household income, including client and all household members during prior 12 months: _____

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Employed: FT or PT | Workforce Referral <input type="checkbox"/> | <i>Other sources of financial support (check all that apply):</i> | |
| <input type="checkbox"/> Unemployed | Low Income <input type="checkbox"/> | <input type="checkbox"/> Alimony | <input type="checkbox"/> TANF |
| <input type="checkbox"/> Not in labor force | Single Parent <input type="checkbox"/> | <input type="checkbox"/> Child support | <input type="checkbox"/> SNAP |
| <input type="checkbox"/> SSI | Dislocated Worker <input type="checkbox"/> | <input type="checkbox"/> Family/friends | <input type="checkbox"/> WIC |
| <input type="checkbox"/> Rural <input type="checkbox"/> Urban | Other _____ <input type="checkbox"/> | <input type="checkbox"/> Workers Compensation | <input type="checkbox"/> Medicaid |
| Current hourly wage \$ _____ | | <input type="checkbox"/> Grants/school loans | <input type="checkbox"/> Public Housing/§8 |
| | | <input type="checkbox"/> BIA general assistance | <input type="checkbox"/> Low-income utility |
| | | <input type="checkbox"/> Free/reduced school lunch | <input type="checkbox"/> Subsidized childcare |
| | | <input type="checkbox"/> Unemployment Insurance: claimant or exhaustee | |

Student's Emergency Contact and Medical Information

Contact Name _____		Other Contact Name _____	
Relationship () _____		Relationship () _____	
Home Phone _____	Work Phone _____	Home Phone _____	Work Phone _____
Address _____		Address _____	
City, ST ZIP Code _____		City, ST ZIP Code _____	

Medical Information

Hospital/Clinic Preference _____	
Physician's Name _____	Phone Number _____
Insurance Company _____	Policy Number _____

Special Health Considerations or Allergies

In the event I am non-responsive, I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be prescribed or performed on me by the attending physician and/or paramedics; I waive my right to informed consent of treatment. I grant this on behalf of the minor in my care if he/she is an enrollee of this program and only in the event that I (parent/guardian) cannot be reached in the case of an emergency.

Student or Parent's/Guardian's Signature _____	Date _____
So long as normal safety procedures have been taken, I release the Ute Mountain Ute Tribe and affiliated individuals from liability in case of accident during activities related to the Ute Mountain Ute Tribe.	
Student or Parent's/Guardian's Signature _____	Date _____
Witness Signature _____	Date _____