



Columbia Adult School Transition (CAST) Program



Registration Form

STUDENT INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Phone: _____ Email: _____

EDUCATION

Adult School Name: _____ Enrollment Date: _____

Program Type (GED, Hi-Set, HS Diploma): _____ Estimated Completion Date: _____

College Educational Goal: _____

FINANCIAL AID INFORMATION

Household size: _____ Last year, what was your family's taxable income* (Line 15, Form 1040): _____

*If under 24 and considered a dependent for FAFSA, please include parent's income.

NEEDS ASSESSMENT

Please check any of the following programs/services that you would like to know more about:

- Child Care
 Career Services
 Disability Services
 Financial Aid
 Food Bank
 Formerly Incarcerated
 Foster Youth
 Housing
 Mental Health
 Tutoring
 Veterans
 Vocational Training
 Other _____

ADULT SCHOOL CERTIFICATION

The CAST program is made possible by Senate Bill 554 (Roth, 2019). This legislation allows adult school students to attend community college tuition free (up to 11 units per term) provided they are actively pursuing a high school diploma or high school equivalency with an adult school. Your signature on this form certifies that this student is actively pursuing their high school completion through your adult school. Each term that this student continues to participate in CAST, the adult school will be asked to recertify the student's participation in their high school program in order to qualify for CAST services.

Signature of Adult School Designee

Date

Print Name and Title

Phone #

STUDENT SIGNATURE

MEOC Authorization (federally funded grant): I declare under penalty of perjury that the information on this form is true to the best of my knowledge. Pursuant to the Family Educational Rights and Privacy Act (FERPA) (20 U.S.C. § 1232g; 34 CFR part 99), MEOC is authorized to access information deemed necessary to assist me in achieving my educational goals or in meeting the reporting requirements of the U.S. Department of Education, to record pertinent fact regarding my eligibility in the program, services rendered, verification of secondary education completion and post-secondary education enrollment. This information is protected by the Privacy Act, kept confidential and not to be seen unless specifically authorized. A copy of this statement shall serve as such authorization.

Student Signature: _____ **Date:** _____