

## Columbia Adult School Transition (CAST) Program Registration Form



STUDENT INFORMATION							
Name			Date of Birth		Age		
Phone Number				Email			
EDUCATION							
Adult School Name				Contact Name if Known			
Program Type (GED, Hi-Set, High School Diploma)				Enrollment Date 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							
Disability Ser	rvices	Career Services	Menta	l Health	Veterans	Housing	
Formerly Inc	arcerated	Financial Aid	Food B	Bank	Tutoring	Foster Youth	
☐ Vocational T	raining	Child Care	Other:	Please Specify			
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			Today's Date				
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 So	chool Designee	:		Date			
Print Name and Title				Phone Number			