



BILLINGS ACEd
ADULT & COMMUNITY EDUCATION

Youth Application Packet

(16-18 years old)

1) GET EXIT LETTER:

- **Public School:** A letter on original school letterhead and signed by principal. Letter needs to include student name, date of birth and last date of attendance.
- **Homeschool:** A notarized letter from parent with permission to pursue the HiSET. Letter needs to include name of student, date of birth and last date of attendance.

2) WRITE ESSAY: Write a one page essay, on the next page or attach a separate sheet, stating why you would like to attend classes.

3) BRING completed application to Room 112 when ready to TABE test.

TABE testing is available Mondays & Tuesday (except for Holidays) @ 9:30am

- This is first come, first serve so a 9:00 am arrival time is recommended
- MUST allow 4-6 hours to complete.

NAME _____ **PHONE** _____

DOB _____
Month Day Year

Thank you,

Randy Russell, Director

Please Note: Must have completed packet & exit letter at time of TABE testing and know your social security number.

NAME: _____ **DOB:** _____ **SSN:** _____

Please write a one page essay that completes the following statement.

I wish to enroll with Billings Adult and Community Education because...

Student/Tester Release Form

I give Billings Adult & Community Education permission to use the following:

- **NAME**
- **VISUAL LIKENESS** (photo/video)
- **QUOTE**

Examples of how we use the above:

Graduation Brochure, Graduation Board, Email, Newsletter, Catalog, Website, Promotional Materials

OPTION TO OPT IN

Name (please print): _____

Signature: _____ **Date:** _____

By signing this document I give Billings Adult & Community Education permission to use, reproduce, distribute and display, in any form now known or later developed, the Personal Information indicated above, by incorporating them into publications, catalogs, brochures, websites and/or other media or commercial, informational, educational, advertising, or promotional materials relating to and at the sole discretion of Billings Adult Education.

I understand and agree that Billings Adult Education will hold all rights and copyright to anything created using my image and/or name for any commercial, informational, educational, advertising, or promotional materials.

OPTION TO OPT OUT

I _____ choose to opt out of having my name, visual likeness and quote used by Billings Adult & Community Education.

Signature: _____ **Date:** _____



Consent to Release Personal Information

I, _____, a student age 18 or older, consent to the release of personally identifiable information and/or personal testing data from my student record.

OR

I, _____, the parent or guardian of

_____, a student under the age of 18, consent to the release of personally identifiable information and/or personal testing data from the student record of my minor child.

Dependent on my identified goal, I understand that the student record includes my social security number, which may be released to the following:

- Montana Department of Labor & Industry,
- Montana University System or postsecondary institution identified by me, or
- HiSET/Educational Testing Service (ETS)

I understand that the purpose of the release of my Social Security number is to assist the Montana Office of Public Instruction in obtaining and reporting information for grant funding concerning the outcome of students as required by Section 212 of the Adult Education and Family Literacy Act.

I understand that the Montana Office of Public Instruction will share my personally identifiable information with the agency(ies) identified above, *no other agency(ies) or individual(s) will have access to it*, and the information will be destroyed when the report for which it was used is completed or when the information is no longer needed, whichever date comes first.

I understand that the report will contain information and statistics about the employment and further education of adult education students in Montana, and that no specific or personal information about me will appear in this report.

 Signature of Student or Parent/Guardian

 Date

For HiSET Testers Only

I give permission for Montana HiSET Test Centers to release my testing schedule and testing data to Montana Adult Education Programs, operating under the Adult Education and Family Literacy Act, to better assist with my future academic or career goals.

 Signature of Student or Parent/Guardian

 Date