Adult Education In South Carolina
Educating • Empowering • Employing

Horry County **Returning Student Data Form** 2025-2026

Please complete the form, save to your device, and email to hdickerson@horrycountyschools.net

Program/ Class: Select one (drop down menu)

Last Name	First Name	Middle Name	DOB

Address: _____ **City:** _____ **SC ZipCode:**_____

Mobile Phone: _____ **Other Phone:**_____

Email: _____

Employment Status: Check only one box to indicate employment status.			
☐ Employed Full-time	☐ Employed Part-time	☐ Retired	☐ Unavailable for work
☐ Unemployed and looking for work	☐ Unemployed but **not** looking for work	☐ Employed with separation notice	

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize the state, district or territory to whom this release is submitted (collectively, the "State") and my local Adult or Technical Career program or college to use, report and release the Personally Identifiable Information (PII) contained in my Adult Education program records, instructional plan, assessment outcomes, credential progress and attainment, and accommodation documentation (if any was provided) and to access, use, and report my Employment Data (unemployment and wage records), for purposes of education and/or employment research, planning, and reporting as required by state policy and federal regulations. This will include follow-up employment data and other educational records and information that will only be reported in aggregated form. I understand that government files will be accessed to obtain this information and will only be used for the purposes mentioned herein without specific authorization for any other use. I acknowledge that the State fully supports the mandates of the federal Family Educational Rights and Privacy Act and 20 CFR, Chapter V, 603.5(d)(2)(i). I understand these statements fully and authorize the use of my "program", PII and employment data for official purposes only, as approved by my signature below.

I agree to release my information.	☐ Yes	☐ No
I agree to the verification of my eligibility using approved documentation	☐ Yes	☐ No

Student Signature: _____ **Social Security #** (full) _____

Parent/ Guardian Signature:_____ **Date:** _____

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Adult Education Barrier Assessment

2025-2026

Students: Please read each statement below and check the box next to all statements that apply to you.

1. ☐	I need to improve my academic skills (reading, writing, or math).
2. ☐	I don't have a high school diploma.
3. ☐	I don't feel part of American culture or society, in general.
4. ☐	I feel that my beliefs, religion, or other personal lifestyle choices are keeping me from a job.
5. ☐	I have a physical disability.
6. ☐	I have been diagnosed with or believe I have a learning disability.
7. ☐	I have an emotional or mental health issue.
8. ☐	I lost my last job due to a lay-off, downsizing, lack of work, or shutdown.
9. ☐	I was terminated from my last job.
10. ☐	I've been dependent on another person's income (homemaker, etc.) and now need to get a job.
11. ☐	It's hard to make ends meet with my income.
12. ☐	I'm not fluent in the English language.
13. ☐	I have a felony on my record.
14. ☐	I'm on probation or parole.
15. ☐	I currently receive or within the past 6 months have received TANF.
16. ☐	I'm currently in foster care or have recently "aged out" of foster care.
17. ☐	I live with a family member or friend and/or I don't have a permanent place to live right now.
18. ☐	I've been unemployed for more than 6 months.
19. ☐	I don't read very well.
20. ☐	I or my family travel to or relocate where farming jobs are available.
21. ☐	I or my family work seasonal farm work.
22. ☐	I or my children have Medicaid Insurance.
23. ☐	I currently receive or within the past 6 months have received SNAP benefits (formerly food stamps)
24. ☐	I currently receive or within the past 6 months have received WIC benefits for myself or my children.
25. ☐	I live in public housing or receive rental assistance.
26. ☐	I receive Social Security Insurance benefits for myself or my children.
27. ☐	I'm a single, separated, divorced, or widowed parent with primary custody of children under 18.
28. ☐	I am a parent/guardian with a child(ren) 8 years of age or under.
29. ☐	I'm receiving services form SC Vocational Rehabilitation Services.
30. ☐	I'm receiving unemployment benefits.
31. ☐	I don't have a driver's license.
32. ☐	I don't have a birth certificate.
33. ☐	I don't have a social security card.
34. ☐	I don't always have transportation when I need it.
35. ☐	I don't have reliable childcare.
36. ☐	I'm caring for a sick or disabled family member or friend.
37. ☐	I have a difficult work schedule. (long or odd hours, rotating shifts, etc)
38. ☐	I move often to a different house or town.
39. ☐	I receive assistance through SC Works (One-Stop), and or WIOA (Adult or Youth).