



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) KNOW YOUR SOCIAL SECURITY NUMBER: You will need this information to complete the intake paperwork

3) BRING completed application to Room 112 to complete the Assessment. **MUST HAVE COMPLETED PACKET AND EXIT LETTER IN ORDER TO TEST.**

4) SIGN UP FOR ADVISING APPOINTMENT:

Advising appointments are on Wednesdays.

NAME _____ PHONE _____

DOB _____
Month Day Year

Thank you,

Randy Russell, Director



Montana Department of
LABOR & INDUSTRY

Consent to Release Personal Information

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

OR

I, _____, a parent or guardian of

_____, a student age 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 of the identified goal, I understand that the student record includes my social security number, which maybe release to the following:

- Montana WIOA Adult Education programs (transfer or co-enrolled adult learner),
- Montana University System or postsecondary institution identified by me, and/or
- MT DLI Quality Assurance team

The purpose of the release of my Social Security number is to assist the Montana Department of Labor and Industry 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 Department of Labor and Industry will share my personal identifiable information with the agency(ies) above for enrollment and data matching purposes only. 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 the report will contain information and statistics about the employment and further education of adult education students in Montana, and no specific or personal information will appear in this report

Signature of Student or Parent/Guadian

Date

High School Withdrawal Letter

For students aged 16, 17 and 18 the high school withdrawal letter is required by DLI, to prove eligibility for WIOA Adult Education services, as well as OPI for high school equivalency test eligibility. By signing below, I am allowing for both parties to share the original high school withdrawal letter I provided. The purpose of sharing this document is only to assist in supporting the preparation for and taking of high school equivalency tests.

Signature of Student or Parent/Guadian

Date

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: _____

BILLINGS ADULT AND COMMUNITY EDUCATION

External Educational & Community Partner Program Consent Form

Billings Adult and Community Education collaborates with trusted community agencies and educational providers to enhance student learning, career readiness, post-secondary transition, and supportive services.

- **Name of Student:** _____
- **Parent/Guardian Name(s):** _____

By signing this form, you grant permission for your minor student to participate in educational activities, workshops, advising, and support services facilitated in partnership with external organizations, including but not limited to:

- **TRIO Programs** (College access, academic advising, and post-secondary support)
- **Montana Job Service / Department of Labor** (Career exploration, job readiness, and employment assistance)
- **HRDC - Human Resources Development Council** (Youth support services, barriers assistance, and community resources)
- **Other Designated Educational & Workforce Partners**

I understand and acknowledge that while attending partner-led events or programs, my student may be asked to complete and sign intake forms, applications, or surveys directly with partner organizations for the purpose of receiving advising and other services.

Parent/Guardian Acknowledgment & Signature

I certify that I am the legal parent or guardian of the minor student named above. I have read, understood, and agreed to the terms outlined in this permission form. I understand that this consent remains in effect for the duration of time my student is enrolled at Billings Adult and Community Education unless revoked by me in writing.

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

Student Signature: _____ **Date:** _____