



Academy of Youth & Adult Literacy

Thank you for your interest in the Youth Education and Career Center at Rowan College of South Jersey. The Academy of Youth Literacy Education Program at RCSJ is located on the Gloucester County Campus in the Student Services Building. Carefully read the instructions below for processing your application.

REQUIREMENT

Must be a Gloucester County Resident between the ages of 16 and 24.

Pre-vocational, Vocational, and Career-Oriented classes

Hours: Monday - Thursday from 9:00 am – 2:30 pm

Minimum attendance of 15 hours per week

Steps for enrolling:

1. Fill out the enclosed application and records release form.
Mail to or drop off at:
Academy of Youth & Adult Literacy Programs
RCSJ – Student Services
1400 Tanyard Road
Sewell, NJ 08080
2. Enclose your Certificate of Non-Enrollment from the last school you attended or the school district in which you live.
3. Enclose copies of all required paperwork for the WIOA (Workforce Innovation and Opportunity ACT) (see enclosed memo for a complete list.)
4. Upon successful completion of your Youth Application, you will schedule a date and time to complete your intake CASAS test. This test takes approximately 3 hours to complete.
5. If the CASAS test is successfully completed you will receive a correspondence from the Academy of Youth & Adult Literacy facilitator for you to meet with our program representative to determine if you are WIOA eligible. If you are determined to be WIOA eligible you will schedule a time for orientation and a start date.

Please make sure that all the required paperwork is submitted in a timely fashion. If any items are missing, you will not be admitted until all items are received. Thank you for your interest in the Academy of Youth & Adult Literacy at RCSJ.

Sincerely,

Joseph Spencer

Joseph Spencer, M.S. H. Ed.
Director
Academy of Youth & Adult Literacy
Rowan College of South Jersey
Student Services Division
jspence2@rcsj.edu
856-681-6213

Academy of Youth & Adult Literacy

WIOA Eligibility Documents Due with Application

Students are WIOA eligible if they meet one or more of the items listed:

- An Out-of-School youth (OSY) is an individual who is:
 - Not attending any school (as defined under State law);
 - Program is for one year duration for HSE and one year duration for follow-up ONLY.
- One or more of the following:
 - A school dropout;
 - A youth who is within the age of compulsory school attendance, but has not attended school for at least the most recent complete school year calendar quarter. School year calendar quarters are based on how a local school defines its school year quarters;
 - A recipient of a secondary school diploma or its recognized equivalent who is a low income individual and is either basic skills deficient or an English language learner;
 - An individual who is subject to the juvenile or adult justice system;
 - A homeless individual (as defined in sec. 41403(6) of the Violence Against Women Act of 1994 (42 U.S.C. 14043e-2(6)), a homeless child or youth (as defined in sec. 725(2) of the McKinney-Vento Homeless Assistance Act (42 U.S.C. 11434a(2)), a runaway, in foster care or has aged out of the foster care system, a child eligible for assistance under sec. 477 of the Social Security Act (42 U.S.C. 677), or in an out-of-home placement;
 - An individual who is pregnant or parenting;
 - An individual with a disability;
 - A low-income individual who requires additional assistance to enter or complete an educational program or to secure or hold employment. (WIOA Sec. 3(46) and Sec. 129 (a)(1)(B)) (20 CFR 681.210)

Documents needed with application:

1. Birth Certificate (copy accepted)
2. Social Security Card (copy accepted) – Must have copy of actual card
3. Proof of Residency (post office stamped mail with student's name and current address on it)
4. Students who are classified in school (eligible for special education services) must turn in IEP with the application.

If you have any questions regarding WIOA eligibility, please contact the Academy of Youth & Adult Literacy at RCSJ at 856-468-5000, extension 6227.

Academy of Youth & Adult Literacy

Mail to or drop off at:

Academy of Youth & Adult Literacy Programs
RCSJ – Student Services
1400 Tanyard Road
Sewell, NJ 08080

Date _____

PERSONAL INFORMATION:

Last Name First Name M.I.

Social Security Number Date of Birth Age

Street Address City State Zip Code

Telephone Number (Home) Telephone Number (Cell) Telephone Number (Work)

Email Address: _____

Name of Parent(s)/Guardian(s)

Name of Emergency Contact Relationship Telephone Number

Male Female

Married Separated Divorced Single

Do you have any children: Yes No If yes, how many _____

How did you find out about the Academy of Youth & Adult Literacy at RCSJ:

_____ From a friend or a relative

_____ Newspaper Advertisement

_____ TV Commercial

_____ Received pamphlet in mail

_____ Referral

_____ Someone at my school

_____ Poster – where did you see it: _____

_____ Other – please explain: _____

Have you ever been involved with: DYFS* Foster Care Probation

Please check any boxes that apply to you:

Probation Start Date _____ End Date _____

Name of Probation Officer _____

Telephone Number _____

Parole Start Date _____ End Date _____

Name of Parole Officer _____

Telephone Number _____

EDUCATIONAL BACKGROUND:

Last School Attended _____

Date Last Attended _____

What grade were you in when you left? _____

Where you involved with the Child Study Team/Special Education:

Yes No

If so what was your classification:

ED SLD MD OHI Other _____

If you were involved with Child Study team, you must provide your IEP when you turn in your application.

Did you ever take GED Prep Classes:

Yes No Where taken: _____
When taken: _____

Did you ever take the GED test:

Yes No Where taken: _____
When taken: _____
Scores: _____

I acknowledge that the information provided on this application is true and correct to the best of my knowledge. I understand and agree that falsification of information on this application could lead to dismissal from the Academy of Youth Literacy Programs.

Signature of Participant

Date

Signature of Parent
(if participant is under 18 years of age)

Date

Certification of Enrollment WIOA Out of School Youth-Funded Services

Name: _____ AOSOS ID: _____ Age: _____

Brief Overview of Plan:

The following forms are completed and attached along with required supporting documentation:

_____ Eligibility Assessment Documentation

Youth Certification (Check List)

- Application
- Certification of Non-Enrollment
- Birth Certificate
- Social Security Card
- Youth Parent (Child's birth certificate) if applicable
- Address Certification
- Most recent school transcript
- IEP – if disabled youth
- Copy of CASA Scores
- Selective Service (males 18 years and over)

_____ Information Disclosure Form

_____ Grievance Procedures Receipt

Certification: I certify that the information provided is true to the best of my knowledge and there is no intent to commit fraud. I am also aware that eligibility is subject to review and verification, and I may be required to document its accuracy. Participants are subject to immediate termination if found ineligible after enrollment. Knowingly falsifying information will subject me to prosecution for fraud. I hereby give permission to verify my income (if applicable) and certification information.

Participant's Signature

Date

Parent/Guardian Signature*

*Required for participants under 18 years of age

Date

RCSJ Staff Name (Print)

Signature

Date

Employment Specialist Name (Print)

Signature

Date



Certification of Non-enrollment in School for 16 to 21 Year Olds

Agency: _____

This form must be completed and presented at the time of registration in an adult education program.

If any information is misrepresented on this form, the State of New Jersey reserves the right to invalidate any program and deny further access to any adult program options.

PART A: To be completed by applicant (for 16 and 17 years olds Only — Parent/Guardian must sign)

First Name: _____ *Last Name:* _____ *Social Security Number:* _____

Number and Street: _____ *County:* _____ *ZIP Code:* _____

Telephone: _____ Birth Date: ____/____/____

Name of last New Jersey high school attended: _____

Address of last New Jersey high school attended: _____

Applicant's Signature: _____ Date: _____

Parent/Guardian's Signature: _____ Date: _____
(For 16 and 17-year olds)

PART B: To be completed by the Superintendent or High School Principal in the Public-School District of Residence.

I, the undersigned, do hereby certify that _____ is not on school rolls in this district.

Signature of Principal or Superintendent: _____ Date: _____

Title: _____ Telephone: _____

Place Raised School
Seal or Notary's
Signature Here

L-6 Authorization for Disclosure Of HSE/GED Documents and Information

NJ Department of Education
HSE Testing Unit
PO Box 500
Trenton, NJ 08625

I (We) hereby authorize the NJ Department of Education and the applicable HSE/GED user jurisdiction (collectively the "HSE/GED Testing Program") to provide copies of the documents, information, and/or records identified below to the following third party: Site/Name: Rowan College of South Jersey — Gloucester Campus

Address: 1400 Tanyard Road

City/State: Sewell, NJ Zip Code: 08080

The specific information, documents, and/or records that I am authorizing the NJ Department of Education; HSE/GED Testing Program to release are: (Please indicate the particular test and specific test date(s) for which materials are being requested.)

HSE/GED Testing records for individual identified below:

In requesting and authorizing disclosure of these documents, information, and/or records, I hereby agree to the following:

1. I understand and acknowledge the HSE/GED Testing Program's right to make an independent determination, at its sole discretion of whether the information and records identified above are subject to disclosure under the HSE/GED Testing Program's policies for disclosing information to third parties.
2. I hereby release the NJ Department of Education, the HSE/GED Testing Program, its employees, its attorneys, its governing bodies, and its agents from any and all liability and claims of every kind and character that are based upon or relate in any way to the disclosure of information in accordance with this authorization of any actions of the third party identified above.
3. I agree that this authorization is valid until such time as the NJ Department of Education; HSE/GED Testing Program has received written notice from me (or from me and my parent or guardian, if I am a minor) withdrawing permission to disclose the documents or information specified above to the third party identified above. In the event that permission is withdrawn, the NJ Department of Education; HSE/GED Testing Program shall nevertheless remain fully protected from any and all claims and liability relating in any way to information released by the NJ Department of Education; HSE/GED Testing Program prior to its receipt of the written withdrawal notice and to any actions of the third party.
4. I understand that, subject to its independent determination, the NJ Department of Education; HSE/GED Testing Program will disclose the designated material that it has at the time it receives my request. I also understand that in the absence of an additional request from me, the HSE/GED Testing Program will not provide information that becomes available at a later date.

I have read this authorization carefully and hereby acknowledge that I fully understand it. I further affirm that I am giving this authorization knowingly of my own free will.

Please print your name: _____

Signature of Candidate: _____

If you have previously taken the GED/HSE test under a different name, please indicate that name below:

Candidate's SSN/SIN: _____ Date of Birth: ____/____/____ Date: _____

Signature of Candidate's Parent or Guardian (if candidate is under 18 years of age)

_____ Date: _____

FORML6

Revised 07/10

Revised 07/10

CERTIFICATE OF CONSENT TO PARTICIPATE FORM

High School Equivalency Testing



NEW JERSEY DEPARTMENT OF EDUCATION
Division of Teacher and Leader Effectiveness
Office of Certification/Induction/ High School Equivalency Testing, PO Box 500
Trenton, New Jersey 08625-0500
Phone: 609-777-1050
Fax: 609-984-0573

Chris Christie
Governor

Kimberley Harrington
Acting Commissioner

Instructions: This form must be completed by any 16 and/or 17 year old individual who is currently not enrolled in a public/private high school and interested in taking the Adult Education Assessment. This form must be signed by a parent/guardian and presented to the Chief Examiner when registering for the Assessment. **Please be advised that this signed consent form will be provided to your current school district, if you want to take the High School Equivalency Assessment this is mandatory.** For any questions, contact the New Jersey Department at (609)777-1050 or adulted_info@doe.state.nj.us or visit www.state.nj.us/education/adulted.

PART A: ► TO BE COMPLETED BY APPLICANT

Current School District: _____

First Name _____ Middle Initial _____ Last Name _____ Social Security Number _____

Address _____ City _____ State _____ Zip Code _____

Telephone: _____ Date of Birth: _____ Age: _____
Month Day Year

I certify the following: I am at least 16 years of age. I am not currently enrolled in school. I have not graduated from an accredited high school in the United States or Canada. I have not previously earned a State-issued high school diploma or earned scores sufficient to qualify for a high school equivalency certificate/diploma in any state (unless an exception is applicable). I certify that I am eligible to take the High School Equivalency Assessment and that the information provided is accurate. I understand that if the information is misrepresented, the Chief Examiner can refuse to administer the Tests. In addition, the New Jersey State Department of Education reserves the right to invalidate the Assessment scores if information is misrepresented.

Applicant's Signature: _____ Date: _____

Part B: ► TO BE COMPLETED BY PARENT OR GUARDIAN

I certify the following: The individual named above has my legal consent to waive his/her right to attend a local school. I have officially withdrawn this individual from the school of residence, day school or educational program and he or she cannot return to the public school system. I further consent to his/her participation in taking the High School Equivalency Tests. I understand that the New Jersey State Department of Education reserves the right to invalidate these Test scores if information submitted on this form is misrepresented. The signature below confirms the previous statements.

Parent/Legal Guardian's Signature: _____ Date: _____

Print Name: _____ Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Name of last school district: _____ Last school address: _____

Date of withdrawal from school: _____ School Tel #: _____ School Fax #: _____

School Email Address: _____



Adult Education Program Notification Sign-up

I _____ would like to sign up for text message and email alerts from the **RCSJ Adult Education Program**. You may opt out of this service at any time by notifying staff at 856-681- 6227.

Name: _____

Mobile Phone: _____ Email Address: _____

Signature: _____ Date: _____