



GED/ADULT EDUCATION PARTICIPANT APPLICATION

To apply for the AMIkids Baton Rouge GED/Adult Education program, complete the form below and bring it to
5555 Beechwood Drive, Baton Rouge, LA 70805, or email it to: **kdurr@amikids.org**

PERSONAL INFORMATION					
Last Name	First Name	MI (Optional)	Today's Date ____/____/____ Month Day Year		
Street Address		City	State	Zip Code	
Mailing Address		City	State	Zip Code	
Parish of Residence	Home Phone Number ()		Cell Phone Number ()		
Emergency Contact Name/Relationship	Address		Phone Number ()		
Email Address	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female		Social Security Number ____-____-____		
Date of Birth ____/____/____ Month Day Year		Race <input type="checkbox"/> Native American <input type="checkbox"/> Black/African American <input type="checkbox"/> Hispanic/Latin American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/American/Pacific Islander <input type="checkbox"/> Multiracial <input type="checkbox"/> Other: _____			
Place of Birth	City	State	Parish/County	U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	Primary Language <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Chinese <input type="checkbox"/> Other: <input type="checkbox"/> Arabic
Parent/ Guardian if under 18:			Relationship to Applicant:		
Individual with Disability <input type="checkbox"/> Yes <input type="checkbox"/> No	Information regarding Disability:		Does the applicant need support services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Marital Status: <input type="checkbox"/> Minor <input type="checkbox"/> Never Married <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed			Highest Grade Completed: <input type="checkbox"/> 6 th <input type="checkbox"/> 7 th <input type="checkbox"/> 8 th <input type="checkbox"/> 9 th <input type="checkbox"/> 10 th <input type="checkbox"/> 11 th <input type="checkbox"/> 12 th Last School Attended: _____		
EMPLOYMENT HISTORY					
Is the applicant currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No		Employed: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time # of hours worked per week _____		Name of Current Employer: _____	
I have read and understand each application item thus far and certify that the information is true and accurate to the best of my knowledge. I further realize that falsified information may result in the rejection of this application and subsequent termination of services.					
Signature of Applicant _____			Date _____		
Signature of Parent/Guardian _____			Date _____		