

Adult Continuing Education Program/High School Program Enrollment Application

The Hadley School for the Blind

The Adult Continuing Education (ACE) and High School (HS) programs are available to visually impaired individuals who meet Hadley's eligibility criteria. High school program students must reside in the United States.

NOTE: If you would like to receive detailed information about Hadley's High School Program before submitting the enrollment application, contact Student Services via email at student_services@hadley.edu or by phone at 800-526-9909.

Please select the program in which you wish to enroll: ACE HS

1. Title: Mr. Mrs. Ms. Other

2. First Name: _____ 3. M.I.: _____

4. Last Name: _____

5. Mailing Address (include Apt/lot #): _____

6. City or Town: _____

7. State or Province: _____ 8. Postal Code: _____

9. Country: _____

10. Gender: M F

11. Email: _____

12. Telephone Numbers (U.S. and Canada only)
Primary: _____ Secondary: _____

13. Date of Birth (mm/dd/yy): _____

14. Have you been a Hadley student in the past? Yes No

15. If previously enrolled under a different last name, please indicate name used: _____

16. What is your eye condition? _____

17. Are you hearing impaired? Yes No
If yes, indicate degree of loss: Mild Moderate Profound

Can we contact you by telephone? Yes No

18. Do you have a disability in addition to vision loss? Yes No
If yes, please indicate: _____

19. How did you hear about Hadley?

- | | | |
|--|---|--|
| <input type="checkbox"/> Rehabilitation Agency | <input type="checkbox"/> Friend/Family Member | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Veteran Services | <input type="checkbox"/> Hadley Student/Staff | <input type="checkbox"/> Other |
| <input type="checkbox"/> School/Teacher | <input type="checkbox"/> Internet | |

Name referral source (please do not abbreviate):

20. Are you a U.S. Armed Forces Veteran? Yes No

21. Ethnic Background (Optional - for statistical information only):

- | | | |
|---|-----------------------------------|--|
| <input type="checkbox"/> African-American | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Native American |
| <input type="checkbox"/> Caucasian | <input type="checkbox"/> Asian | <input type="checkbox"/> Other _____ |

22. Indicate your highest level of education:

- | | |
|---|---|
| <input type="checkbox"/> Junior high or less | <input type="checkbox"/> Associate degree |
| <input type="checkbox"/> High school (no diploma) | <input type="checkbox"/> Bachelor's, degree |
| <input type="checkbox"/> High school diploma | <input type="checkbox"/> Master's degree |
| <input type="checkbox"/> GED | <input type="checkbox"/> Doctorate |
| <input type="checkbox"/> Some college | |

23. Is English your native language? Yes No

If not, do you read and write English fluently? Yes No

What is your native language? _____

24. How would you prefer to receive correspondence from Hadley?

- Email Braille Large Print

25. How would you prefer to receive the Hadley student newsletter?

- Email (recommended) Braille Audio CD
 Large Print Not at all

26. Do you read uncontracted braille? Yes No

27. Do you read contracted braille? Yes No

28. Do you know the Nemeth Braille Code? Yes No

U.S. STUDENTS ONLY

29. Do you have an eye report on file at Hadley that reflects your current visual functioning? Yes No

If no, please ask your medical doctor, ophthalmologist or optometrist to complete and submit the attached Eye Report Form. A photocopy of a report that lists your current visual acuity will be accepted in place of the form provided here. **Note: Your application will be discarded if no eye report is received within three months from the date of submission.**

HIGH SCHOOL PROGRAM STUDENTS ONLY

30. Are you interested in obtaining a high school diploma from Hadley?

- Yes No

If yes, please make arrangements for an official transcript to be sent to Hadley for review of credits earned. **Note:** We do not offer a GED program.

31. Are you interested in transferring Hadley courses for credit to your local high school? Yes No

If yes, be sure to consult with your local high school officials for approval of course(s) prior to requesting enrollment.

ALL APPLICANTS

32. **Prior to beginning your first course, and in place of a standardized test, you are required to successfully complete an entrance assignment. How would you like to receive the Entrance Assignment?**

- Online Download DTB Braille Audio CD Large Print
 DTB Thumb drive / Flash Drive

33. Students are enrolled in one course at a time. Before completing this section, consult the Course Catalog to review prerequisites, course titles, course numbers and available media. Please note that students are required to have equipment such as DTB players, cassette players or computers in order to access respective course media.

COURSE NAME

COURSE NUMBER

MEDIA

34. In 30 words or less, please write a brief statement about yourself and your goals as a Hadley student:

Prior to submitting the enrollment application, you must indicate by checking the box below that you have read, understand and will adhere to Hadley's School Policies. The school policies can be found in the Hadley Course Catalog and at www.hadley.edu.

Yes, I have read, understand and will adhere to the policies established by The Hadley School for the Blind.

AGREEMENT: I also understand that when I enroll in a course that I am making a commitment of my time. I have read and understand the school's policies regarding lesson preparation and submission. Failure to start or remain active in my course may result in cancellation. Failure to complete multiple courses may result in suspension. Finally, I will respect the copyright of my Hadley materials and understand they are not for resale.

Signature: _____ Date _____