

**Adult Continuing Education Program/  
High School Program Enrollment Application**

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.

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

For High School, choose one:

- I'm interested in earning a Hadley Diploma.  
**For a diploma, make arrangements for your official transcript to be sent to Hadley for review of credit earned.**
- I'm interested in transferring Hadley credits to my local school.  
**For transferring credit, consult with your local high school officials for approval of course(s) prior to submitting your application.**

*NOTE:* Hadley does not offer a GED program.

1. Title:  Mr.  Mrs.  Ms.  Other
2. First Name: \_\_\_\_\_ 3. M.I.: \_\_\_\_\_
4. Last Name: \_\_\_\_\_
5. Mailing Address (include Apt. No.) \_\_\_\_\_  
\_\_\_\_\_
6. City: \_\_\_\_\_ 7. State or Province: \_\_\_\_\_
8. Zip 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"/> Social Media          | <input type="checkbox"/> Other |
| <input type="checkbox"/> Veteran Services      | <input type="checkbox"/> Internet              |                                |
| <input type="checkbox"/> School/Teacher        | <input type="checkbox"/> Correctional Facility |                                |
| <input type="checkbox"/> Friend/Family Member  | <input type="checkbox"/> Hadley Student/Staff  |                                |

Name referral source: \_\_\_\_\_

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. Would you like to receive the Hadley student newsletter online?  
 Yes  No
26. Do you read braille? (Please specify)  
 English Braille American Edition (EBAE)  
 Unified English Braille (UEB)
28. Do you know the Nemeth Braille Code?  Yes  No
28. Do you have a Digital Talking Book Player (DTB)  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.

30. 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 (recommended)
  - Braille version
  - Large Print version
  - Audio DTB Course version
  - Audio DTB Download

31. Before completing this section, consult the Course Catalog/ website to review prerequisites, course titles, course numbers and available media. Students are required to have study materials and equipment in order to access selected course media.

**COURSE NAME**

**COURSE NUMBER**

**MEDIA**

32. 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 Policies. The school policies can be found in the Hadley Course Catalog and at [www.hadley.edu](http://www.hadley.edu)

Yes, I have read, understand and will adhere to the policies established by Hadley Institute for the Blind and Visually Impaired.

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 Hadley'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.

Students Signature: \_\_\_\_\_ Date: \_\_\_\_\_