Torrance Adult School
TAS
education that works

Student Update Card

Current Name: _____   Birth Date: ___/___/_____

Student ID: _____   Phone: _____

Class Name: _____   Class Section #: _____

Please check the box of the <u>changes that occured</u> and provide the requested information:

☐ Name Change (First and/or Last) : _____

☐ Phone # Change: _____

☐ Email Change: _____

☐ Address Change: _____

☐ I agree to provide my Social Security Number (SSN) to track my progress through Adult Education

Programs and labor status (job placement). *You will be asked to fill out additional form.

Please check the box of the <u>goal(s) you have achieved</u> and provide the requested information:

☐ Got a job: _____   _____   _____hr/m
             Hire Date   Job Title   Wage
             _____
             Employer Name and Address

☐ Got a raise: _____   _____   _____hr/m _____hr/m
             Hire Date   Job Title   Old Wage   New Wage
             _____
             Employer Name and Address

☐ Passed a HSE Exam (circle one: GED, HiSet, TASC)
        Date: _____ Test Center: _____

☐ Enrolled in Post-Secondary Institution (eg. ECC, LAHC, ITT)
        Date Enrolled: _____
        School: _____

Student Signature_____   Date: ___/___/_____   TJ 4/21/17