Nashua Adult & Community School 8 Titan Way, Room A106, Nashua, NH 03063 or

Please answer all questions and print clearly:

36 Riverside Drive, Nashua, NH 03062 Tel: 603-966-2420

TODAYS DATE:	

Registration Form and Application for PLATO Courses Fall 2024

Las	t Name	First Name		DOB	
Add	dress	City/State/Zip			Age
		_ Email			
		School: North South			
	idance Counselor				
		Start date	Day	Teacher	
		Start date			
		0.00 per course and the fee is due			
Tui		Amount Paid			
	CLASSES AR	E HELD ON THURSDAYS from 3pm – 6 and MONDAYS from 3-6pm at SOUT	-		A106
per mu: obt	mission from the guidance depart st complete the day student form ain permission or credit will not be ur Adult Education core values are teachers and this program.	urses with the intent to have the crec ment/case manager/administrator p with the course recommendation and a awarded through adult education p character, courage, respect, respons Disrespect or disruption of our school policies. I understand them complete	rior to en d year of g rogram. ibility and ol will res	rollment in a co graduation. It is I integrity. Pleas ult in removal f	urse. Your guidance counselor the student's responsibility to se demonstrate respect to our from Adult Education.
CTU	_		_		-
App	proval of Credit: Administrator/Cas	se manager/Guidance Counselor:			
	<u>DATA C</u>	OLLECTION - All students mus	t compl	ete this section	<u>on</u>
	State of New Hampshire requires that bimprove our programs.	we collect data on our adult education pr	ogram. Thi	s information will	be kept confidential and used to
1.	Do you speak a language other than E	nglish? Yes Please list:			No
2.	Interpreter required? Yes No	Translation Requested? Yes	_No		
3.		Indian or Alaska Native Asian vaiian or Other Pacific Islander Whi		frican American _	_
4.	Ethnicity: Hispanic or Latino No	ot Hispanic or Latino			
5.		home? Yes No t available at home I am unable to pome: cell phone computer desktop			
6.	Employment: Employed Employe	er Name Houi	ly Rate	Unemp	loyed Not in Labor Force
7.	Are you enrolled in any workforce tra	ining programs like: WIOA TANIF SNAP C	Other:		
8.	Primary Goal: Enter Employment	Retain Employment Obtain Diplom	a Pre	pare for college _	Other
9.	Birth Country: United States Oth	ner (Please specify)			
10	If you register at another adult educat	tion center may we share data with them?	Yes	No	

PLATO Contract: Name: Email: Course(s): ______ Start Date: _____ Projected End Date: ____ PLATO is an online learning program. The course work is challenging and requires time and effort to complete. Students should plan to take notes and do other formative work just like they would in the traditional classroom. The average student will spend 50-100 hours to complete a course. (Regular semester classes take 130 Students should plan to attend support classes weekly for PLATO after school or classes offered during the regular school day. Students should attend classes until they have demonstrated the ability to be independently successful by completing 70% of part A with a grade of B or higher. Students may continue to attend help sessions until they complete the course if they wish to. It is not possible to complete a PLATO course without regular effort. A minimum of 60 minutes daily is a good starting point for most students. Online learning requires self-discipline and a willingness to work through challenges without giving up. Students should plan to complete a PLATO course in 1 semester (5 months). If students do not complete the course, a grade of WF (withdrawn failing) will be entered on the NCLL transcript. If a student has not logged into PLATO for 30 days or more their account will be deactivated and an alternative method for earning credit will be required. A W-Plato may be entered on the NCLL transcript. PLATO grades will be entered as Pass/Fail on NCLL transcripts. PLATO classes will be entered as Adult Education transfer credits on day school student transcripts. **PLATO Health** covers several topics that are sensitive in nature; these include human sexuality, reproduction, substance abuse and mental health issues. In creating the guidelines for this course, the State Department of Education hoped to provide information teens could use anytime in their lives to stay healthy and safe. This course does not presume to usurp family values or faith. It is assumed that the student would process this information within the framework of what is acceptable behavior based on parental guidelines. We hope that this class will lead to positive conversations with your teen that will guide them on the path to a successful and happy life. I have read the above expectations and agree to abide by them.

The Nashua Board of Education reaffirms its position of compliance with applicable State and Federal laws of nondiscrimination on the basis of race, color, national origin, religion, sex, sexual orientation, disability, and/or age in admission to, access to, treatment in, or employment in the services, programs, and activities of the Nashua School District.

Students Name: (print) ______Student Signature: ______Date: _____

Parents Name :(print) Parent signature: Date: