

## How to Retrieve and Save Data from the Online Student Registration Form to generate a GALIS student ID and a student record

Login to GALIS with your user name and password. Permission to process these data are granted by the SDA Admin account under the User Management module.

New Students:

1. If the student completes his/her registration at the same program as the initial submission:  
Once the application is reviewed and saved, the system will generate a GALIS student ID in that program.
  
2. If the student completes his/her registration at a different program than the initial submission:  
Once the application is reviewed and saved, the system will generate a GALIS student ID in the new program.

Search for Students:



Select "Online Reg." from the Student Menu.

Select	Fiscal Year	Agency	Registration ID	Last Name	First Name	Middle Name	DOB	Gender
Select	2020	Albany Technical College	144					F
Select	2020	Albany Technical College	162					M

Any pending student online registration forms will be displayed.  
There are search options to display only specific students:

1. Reg. ID – Registration ID printed on the success email and text.
2. Last Name, First Name and DOB – This option requires all three fields.
3. Date Range – All students that submitted an application between two dates.

When selecting a student from the list – the system automatically checks for an existing student record in GALIS.

If the student is an existing student, click on "Save As" so that the same student ID is used.

If Existing Student	Fiscal Year	Agency	GALIS ID	Last Name	First Name	Middle Name	DOB	Gender
Save As	2019	Albany Tech	900643582	Jackson	Jaylan	Testing	7/3/2002	M

Select the student from the student list or the search results. The entered data will be displayed.

### Student Contact Information:

Student Contact Information Emergency Contact Student Demographics Student Status & Special Populations Eligibility & Confidentiality Save	Student Name: Cynthia Kendricks			
	*First Name Cynthia	Middle Name 	*Last Name Kendricks	Suffix ▼
	Address 1 2121 Union Road Southwest	Address 2 	* Zip Code 30331 <a href="#">Auto Fill City, State, County</a>	* City Atlanta ▼
	* State GA ▼	* County Fulton ▼	Phone 1 (404)755-5573	Texts Okay? No ▼
	Phone 2 ( ) - ____ - ____			
	Phone 3 ( ) - ____ - ____	Email Address ckendricks333@bellsouth.net		
<a href="#">Next</a>				

Navigate through the panels and verify that the information in the application is correct. Make any needed changes. Once complete with the section, click Next.

### Emergency Contact:

Student Contact Information Emergency Contact Student Demographics Student Status & Special Populations Eligibility & Confidentiality Save	Student Name: Cynthia Kendricks		
	Last Name Shelton	First Name Gia	Middle/Former Name 
	Phone 1 (404)755-0408	Phone 2 ( ) - ____ - ____	Phone 3 ( ) - ____ - ____
	Relationship Select ▼		
	<a href="#">Previous</a> <a href="#">Next</a>		

If desired, enter the relationship between the emergency contact and the student and click Next.

**Relationship**

- Select ▼
- Select
- Parent/Guardian
- Spouse/Significant Other
- Grandparent
- Sibling
- Child
- Other Relative
- Friend
- Other

## Student Demographics:

<b>Student Contact Information</b>  <b>Emergency Contact</b>  <b>Student Demographics</b>  <b>Student Status &amp; Special Populations</b>  <b>Eligibility &amp; Confidentiality</b>  <b>Save</b>	<b>Student Name:</b> Cynthia Kendricks			
	<b>Date of Birth</b> <input type="text" value="01/15/1960"/>	<b>Student SSN</b> <input type="text"/>	<b>*Hispanic/Latino</b> <input type="button" value="Yes"/>	<b>*Gender</b> <input type="button" value="Female"/>
	<b>Institution Use 1</b> <input type="text"/>	<b>Institution Use 2</b> <input type="text"/>		
	<b>* Race</b> <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African-American <input checked="" type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
	<b>*Highest Grade</b> <input type="button" value="12th Grade"/>	<b>* Highest Award</b> <input type="button" value="Some Postsecondary Ed."/>	<b>*Schooling</b> <input type="button" value="U.S. Based"/>	
	<b>How Learned About Program?</b> <input type="checkbox"/> Print <input type="checkbox"/> Friend <input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> Referral <input type="checkbox"/> Internet <input type="checkbox"/> Family <input type="checkbox"/> Previous Enrollment			
	<b>Previous Enrollment</b> <input type="checkbox"/> Check if Yes   If yes, which: <input type="text"/>		<b>Referring Agency</b> <input type="button" value=""/>	
<b>Correctional/Institutionalized Programs</b> <input type="button" value=""/>				
<input type="button" value="Previous"/> <input type="button" value="Next"/>				

## Student Status & Special Populations:

<b>Student Contact Information</b>  <b>Emergency Contact</b>  <b>Student Demographics</b>  <b>Student Status &amp; Special Populations</b>  <b>Eligibility &amp; Confidentiality</b>  <b>Save</b>	<b>Student Name:</b> Cynthia Kendricks		
	<b>* Labor Force Status</b> <input checked="" type="radio"/> Employed <input checked="" type="radio"/> Working Full Time <input type="radio"/> Working Part Time <input type="radio"/> Employed, but I have received a notice of termination, facility closure, or I am a transitioning service member. <input type="radio"/> Unemployed and looking for work <i>If unemployed, have you been unemployed for 27 weeks or longer</i> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Not working and not looking for work (homemaker, retiree, student)		
	<b>* Have you (or someone in your household) received any of the following in the last six months?</b> <input type="radio"/> Yes <input checked="" type="radio"/> No   TANF (Temporary Assistance for Needy Families) <input type="radio"/> Yes <input checked="" type="radio"/> No   Have you received TANF for more than 2 years in total? <input type="radio"/> Yes <input checked="" type="radio"/> No   SNAP (Supplemental Nutrition Assistance Program) "Food Stamps" <input type="radio"/> Yes <input checked="" type="radio"/> No   SSI (Supplemental Security Income) <input type="radio"/> Yes <input checked="" type="radio"/> No   State or Local income-based public assistance		
	<b>* How many family members, including yourself, have lived in your household in the last six months?</b> <input type="button" value="4"/>		
	<b>Special Populations (check all that apply)</b> <input type="checkbox"/> Low Income <input checked="" type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Single Parent (or single pregnant woman) <input type="checkbox"/> Dislocated Worker <input type="checkbox"/> Homeless or Runaway Youth <input type="checkbox"/> Ex-Offender <input type="checkbox"/> Foster Care <input type="checkbox"/> Cultural Barriers <input type="checkbox"/> Farm Worker		
	<b>* If Farm Worker, you must select from the following:</b> <input type="radio"/> Seasonal <input type="radio"/> Migrant <input type="radio"/> Dependant <b>Disability</b> <input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Do not wish to disclose		
	<b>Accommodations Requested</b> <input type="radio"/> Yes <input type="radio"/> No	<b>Language Spoken at Home</b> <input type="text" value="English"/>	<b>Home Country</b> <input type="text" value="USA"/>
<input type="button" value="Previous"/> <input type="button" value="Next"/>			

## Eligibility & Confidentiality:

Student Name: Cynthia Kendricks

**Confidentiality**

Keep Student Records Confidential

Keep GED Results Confidential

**\* Eligibility Date**

**Eligibility Exceptions**

1. Verification of Eligibility (VOE) is not required for the following:

- Asian American Resource Center
- Catholic Charities of the Archdiocese of Atlanta
- Center for Pan Asian Comm. Services
- International Rescue

2. VOEPB is not required of students who are age 16 or 17 on the date of entry. The VOEPB Affidavit must be completed within 30 days of the student's 18th birthday. There are some exceptions to this rule. See the VOEPB Definitions and Directions for more information.

**\* Eligibility Type**

Citizen/Legal Permanent Resident

Qualified Alien or Non-immigrant

**Rejection**

Reject Services

**Rejection Date**

Previous Next

Verify the confidentiality option and enter the eligibility date and eligibility type, if required.

## Saving the Registration:

Existing ID:

Student Name: Sharon Brown

**Fiscal Year Options**

2020

I attest that all information on the Student Registration Form has been explained and reviewed with the student to ensure that it is accurate.

Previous

The person saving the registration must attest that the information has been explained and reviewed with the student.

Student Name: Grace Testing

**Fiscal Year Options**

2020

Please Select or Enter:  
Select Highest Award  
Is student a Citizen or Qualified Alien  
Verification of Eligibility Date

If the application has errors, they must be corrected before the student record can be saved.

If the application is error free, you are finished with this student application. The following options are available.

**Options:**

**Save and Continue:** A Student ID is generated and the system displays the Student Data Menu for that student.

**Save Online Registration into GALIS:** Student ID generated and the system returns to the Student Online Registration page.