

OFFICE USE ONLY

- ENGLISH AS A SECOND LANGUAGE 9am-12pm HIGH SCHOOL EQUIV PREP 9am-12pm
 ENGLISH AS A SECOND LANGUAGE 6:15 – 9:15pm HIGH SCHOOL EQUIV PREP 6:15-9:15pm

Pre-Test Scores: _____ Math: _____ Math: _____ Math: _____ Best: _____
 TABE: _____ Reading: _____ Comp. _____ Appl. _____ COMB. _____
 Plus: _____

STUDENT REGISTRATION FORM

(Please be advised all information is required for data purposes and is strictly **CONFIDENTIAL**)

PLEASE CHECK COURSE OF INTEREST

Date _____ ENGLISH AS A SECOND LANGUAGE HIGH SCHOOL EQUIVALENCY

Preferred Hours: MORNING EVENING

First Name _____ Middle Initial _____ LAST NAME _____

Birth date:(Required) Month: ___/___ Day: ___/___ Year: ___/___ S.S. #:: ___ - ___ - _____

Gender: Female Male VISA#: _____

Address _____

(FULL ADDRESS, CITY, STATE, ZIP CODE)

Residence Type: Apartment Home Shelter Other, List: _____

Home phone _____ Cell Phone# _____

E-Mail: _____

Preferred method of contact: E-mail Home Phone Cellular US Mail

Race/Nationality: _____ Ethnicity: _____

Country of Birth: _____ Are you a US veteran:

If not born in the U.S, when did you arrive to the U.S.A.: Year: _____ Month _____ Day _____

**PLEASE BE ADVISED ALL BELOW LISTED INFORMATION IS REQUIRED FOR ENROLLMENT INTO THE PROGRAM
INCOMPLETE FORMS WILL DELAY ENROLLMENT PROCESS:**

Check all that apply:

- Employed Full-time Employed Part-time
 Unemployed over 1 year, available for work Unemployed less than one year, available for work

Educational background: _____ Highest grade completed in the U.S: _____

Years of schooling in other countries: _____ Please list other countries: _____

Check if you are receiving any of the following:

SSI SSD PUBLIC ASST. SNAP MEDICAID

HOUSEHOLD TYPE: SINGLE PARENT FEMALE SINGLE PARENT MALE TWO PARENT SINGLE OTHER 2

ADULTS (NO CHILDREN)

(Please be advised A dollar amount is NEEDED for data purposes)

HOUSEHOLD ANNUAL INCOME: _____

INDIVIDUAL Income amount is: _____

What motivates you to continue your education?

What are your short-term goals?

What are your long term goals?

Upon completion of this course, I hope to pursue:

- College Degree Vocational training certification Employment

I, the undersigned, certify that all information provided on this form is true and correct.

Applicant Signature _____ *Date* _____

Program Director /Program Manager/

Case Manager Signature _____ *Date* _____