

ROGERS CENTER REGISTRATION FORM 08- 09

Date: _____ Have you attended Adult Education before? No yes (when & where) _____

Personal Information

Last Name _____ First Name _____ MI _____ Maiden Name _____

Social Security Number: _____ Home Telephone Number: _____

Address: _____ Cell Telephone Number: _____

City: _____ State: _____ Zip: _____ County of Residence: _____

Gender: M _____ F _____ Date of Birth: _____ Age: _____

Ethnicity: Asian _____ Black _____ Hispanic _____ Native American _____ White _____ Pacific Islander _____

Family Status: Single _____ Married _____ Divorced _____ Widowed _____

Educational Information

Educational Goal: High School Diploma _____ GED _____ ESL _____ ABE _____

Last School Attended: _____

Last Grade Completed: _____

Did you receive any special services at your previous school? YES/NO. If so, what school year _____ and name of school _____.

Have you ever been enrolled in a Career Prep Program: YES/NO

Future Goals

Obtain GED/Diploma _____ Employment _____ Leave Public Assistance _____ Military _____ College _____

Employment Information

Work Status: Full Time _____ Part-time _____ Unemployed _____ Retired _____ Self Employed _____

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____

**REGISTRATION FEES ARE NON-REFUNDABLE UNLESS THE SCHOOL CANCELS THE CLASS.
\$25.00 FEE FOR RETURNED CHECKS**

OFFICE USE ONLY

<u>COURSE</u>	<u>DATE</u>	<u>CHECK #</u>	<u>PAID</u>	<u>RECEIPT #</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CLASSES ARE FOR ADULTS 18 YEARS OLD OR OLDER. CHILDREN CANNOT ATTEND CLASS WITH PARENTS.

Registrar _____

Student I.D./License # _____