

## REGISTRATION FORM - ADULT & CONTINUING EDUCATION

DATE: \_\_/\_\_/\_\_      **SOCIAL SECURITY #** \_\_\_\_ - \_\_\_\_ - \_\_\_\_      **DATE OF BIRTH:** \_\_/\_\_/\_\_

FIRST NAME: \_\_\_\_\_ LAST NAME: \_\_\_\_\_ M.I. \_\_\_\_\_

PLEASE PRINT CLEARLY

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ADDRESS: \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_ ZIP: \_\_\_\_\_ HOME/CELL # \_\_\_\_\_ E-MAIL: \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_ EMPLOYER \_\_\_\_\_

EMERGENCY CONTACT: \_\_\_\_\_ PHONE # \_\_\_\_\_

ANTICIPATED FUNDING SOURCE:  Self Pay  Federal Fin. Aid  WIA/CareerLink/TAA  VA  Employer Pay  OVR

**ENROLLED CERTIFICATE STATUS:** \_\_\_\_\_

**COURSE #:** \_\_\_\_\_ **COURSE NAME:** \_\_\_\_\_ **DAY(S)** \_\_\_\_\_

**The PA Department of Education requires the following information. Please check appropriate box:**

<u>Sex:</u>	<u>Employment Status:</u>	<u>Ethnicity:</u>	<u>Reason for Taking Course:</u>	<u>Education level</u>
<input type="checkbox"/> Male	<input type="checkbox"/> Full Time	<input type="checkbox"/> Am. Indian/Alaskan Native	<input type="checkbox"/> Multi-racial	<input type="checkbox"/> Associates Degree
<input type="checkbox"/> Female	<input type="checkbox"/> Part Time	<input type="checkbox"/> Black (not Hispanic)	<input type="checkbox"/> Unknown	<input type="checkbox"/> Bachelor's Degree
	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Asian/Pacific Is.	<input type="checkbox"/> Non Resident Alien	<input type="checkbox"/> HSD/GED
	<input type="checkbox"/> Retired	<input type="checkbox"/> White (not Hispanic)	<input type="checkbox"/> Change Career	<input type="checkbox"/> Some HS/GED
		<input type="checkbox"/> Hispanic	<input type="checkbox"/> Job Preparation	<input type="checkbox"/> Master's Degree
			<input type="checkbox"/> Upgrade/Supplement Skills	<input type="checkbox"/> Some College
			<input type="checkbox"/> Apprenticeship	<input type="checkbox"/> Technical
			<input type="checkbox"/> Other _____	<input type="checkbox"/> Unknown

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Receipt # \_\_\_\_\_ Payment Amount \$ \_\_\_\_\_ Sponsor / Funding / Agency \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ Sec. Code \_\_\_\_\_