



PICKENS ADULT LEARNING CENTER REGISTRATION FORM

Computer Skills/WorkKeys Class **July** Class

Date:

Last Name	First Name	Middle/Maiden Name	SSN
Address		City	Zip
Home Phone	Cell Phone	Work Phone	
Email	Date of Birth (mm/dd/yyyy)	Age	Gender (M or F)

Ethnicity: Please check the "YES" or "NO" box on the line below to indicate ethnicity.

(NOTE: HISPANIC/LATINO: PERSON OF CUBAN, MEXICAN, PUERTO RICAN, SOUTH OR CENTRAL AMERICAN OR OTHER SPANISH CULTURE/ORIGIN, REGARDLESS OF RACE.)

<input type="checkbox"/> Yes, I am Hispanic/Latino	<input type="checkbox"/> No, I am not Hispanic/Latino
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Race: Check one or more boxes below to indicate your race.

USE THE RACE DESCRIPTION HANDOUT AS NEEDED

<input type="checkbox"/> American Indian or Alaskan native	<input type="checkbox"/> Native Hawaiian or Other Pacific islander
<input type="checkbox"/> Black or African American	<input type="checkbox"/> Asian
<input type="checkbox"/>	<input type="checkbox"/> White

Employment Status (Check only one box below to indicate employment status)

<input type="checkbox"/> Employed full-time	<input type="checkbox"/> Employed part-time	<input type="checkbox"/> Retired
<input type="checkbox"/> Unemployed and looking for work	<input type="checkbox"/> Unemployed but not looking for work	<input type="checkbox"/> Unemployed but not able to work (i.e. incarcerated)

Other Information: Check Yes or No for each question below.

Yes	No		Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	On public assistance (includes TANF, food stamps, old-age assistance, aid to blind or totally disabled)?			
<input type="checkbox"/>	<input type="checkbox"/>	Homeless?	<input type="checkbox"/>	<input type="checkbox"/>	Dislocated Worker?
<input type="checkbox"/>	<input type="checkbox"/>	Displaced Homemaker?	<input type="checkbox"/>	<input type="checkbox"/>	Single Parent?
<input type="checkbox"/>	<input type="checkbox"/>	Immigrant?	<input type="checkbox"/>	<input type="checkbox"/>	In a Correctional Facility?
<input type="checkbox"/>	<input type="checkbox"/>	Are you Disabled?	Nature of Disability:		
<input type="checkbox"/>	<input type="checkbox"/>	Have you attended adult education before?	<input type="checkbox"/>	<input type="checkbox"/>	Have you been expelled from school?
Last School Attended:			When:		Last Grade Completed:

Why are you enrolling in Adult Education? (Check all that apply)

<input checked="" type="checkbox"/> To improve my education	<input type="checkbox"/> To improve skills so I can find a job
<input type="checkbox"/> To improve skills so that I can keep my job or find a better job	<input type="checkbox"/> To improve skills so that I can attend technical or other college
<input type="checkbox"/> To improve skills so that I can attend a training program	<input type="checkbox"/> Other:

Your signature below indicates the following:

- All information provided on this form is accurate to the best of your knowledge.
- Your name and/or photograph may be used in program publications, including but not restricted to program website, brochure, displays, and newspapers.
- You understand and agree to the Program Rules, Dress Code & District Internet Policy.

Signature _____ Date _____

Return registration form to Adult Learning Center, 106 Glazner Street, Easley 29640 (fax 850-8116).

You must be registered BEFORE the class starts.