

**Broward County Public Schools**  
**Career, Technical and Adult/Community Education (CTACE)**  
**E-Learning Registration Form**

Complete the top portion of this form and submit to the Registrar at the technical center, adult center or community school. Upon submitting this registration form, sign the *Acceptable Use of the Internet Policy* and the *Participant Contact and Drop Policy*. You will be contacted within five business days, (at the email address provided below) regarding your admittance in this course. If you do not receive this information within five business days, please contact Karen Tobias with Career, Technical and Adult/Community Education at (754) 321-5451.

**Registration Date:** \_\_\_\_\_ **Technical/Adult/Community School:** \_\_\_\_\_

**E-Learning Course Name:** (please circle) GED Online ESOL Online

**First Name:** \_\_\_\_\_ **Last Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Home Phone Number:** \_\_\_\_\_ **Additional Phone Number:** \_\_\_\_\_

**Computer Platform:** \_\_\_\_\_ **Internet Service Provider:** \_\_\_\_\_  
example: PC or Macintosh example: AOL, MSN or Comcast

**Internet Browser:** \_\_\_\_\_ **Email Address:** \_\_\_\_\_  
example: Explorer, Netscape or Safari

**Student Password:** \_\_\_\_\_ (Please indicate your preferred password.)

**Student Hours of Availability:** \_\_\_\_\_ (Please indicate the hours that you will most likely be working online.)

*Individuals with a disability may be eligible for testing accommodations and modifications. These accommodations and modifications will be approved based on documented needs that are provided to the school administrator when you register.*

**DO NOT WRITE BELOW THIS LINE**

**To be completed by the TECHNICAL CENTER, ADULT CENTER OR COMMUNITY SCHOOL ONLY.**

Please indicate the grade level for the following scores.

TABE Test Form (please circle): 7 8 9 10

Test Level (please circle): L E M D A Test Level (please circle): L E M D A Test Level (please circle): L E M D A

**TABE Mathematics Score:** \_\_\_\_\_ **TABE Reading Score:** \_\_\_\_\_ **TABE Language/Spelling Score:** \_\_\_\_\_

**CASAS Level and Form (Circle One)** AR31 BR33 BL53

**CASAS Reading Score:** \_\_\_\_\_ **CASAS Listening Score:** \_\_\_\_\_

**To be completed by CTACE ONLY.**

**Eligibility:** \_\_\_\_\_ **AUP:** \_\_\_\_\_

**Student Orientation Date:** \_\_\_\_\_

**Participant Contact Drop Policy:** \_\_\_\_\_

**Course Availability Date:** \_\_\_\_\_

**Course Completion Date:** \_\_\_\_\_

**User Name:** \_\_\_\_\_

**Test Date 1:** \_\_\_\_\_

**Instructor's Name:** \_\_\_\_\_

**Test Date 2:** \_\_\_\_\_

**Test Results:** \_\_\_\_\_

**Grace Period Expiration:** \_\_\_\_\_

**Registration Date:** The date on which you will be submitting your registration information to the technical center/adult center/community school.

**Technical/Adult/Community School:** The participating community school at which you are registering for the course and taking the entrance exam.

**First and Last Name:** Please provide your first and last name; nicknames will not be accepted.

**Date of Birth:** Please provide your full date of birth, including month, day, and year.

**Social Security Number:** Please provide your nine-digit social security number.

**Street Address:** Please provide your full street address, including your apartment number and/or building number (if applicable).

**Additional Phone Number:** An additional phone number may include your work number, cell phone number or the phone number of the location at which you will be taking this course.

**Computer Platform:** Macintosh or PC compatible.

**Internet Service Provider (ISP):** The company that provides your Internet service; (e.g. America Online®, Bellsouth®, or MSN®.)

**Internet Browser:** Netscape® or Internet Explorer®

**Email Address:** An email address must be provided for registration purposes. Your instructor will communicate via email. If you do not have an email account, please register for one. There are free account services, such as Hotmail® or Yahoo®.

**Student Password:** Please provide a preferred password. The password must contain six characters.

**Student Hours of Availability:** Please include the hours you anticipate being available to complete the course work online.