



Career, Technical & Adult/Community Education

WORKFORCE EDUCATION REGISTRATION APPLICATION

REGISTRATION APPLICATION DIRECTIONS: Please print and use legal names. Please complete each item. Every item on this application is required by Florida Statute and/or Florida Administrative Code. If you feel you need assistance to complete this form please see a staff member at the time of registration.

SOCIAL SECURITY NUMBER ____ - ____ - _____		LAST NAME		FIRST NAME		M.I.
ADDRESS			APT.	CITY	STATE	ZIP CODE
E-MAIL or OTHER MAILING ADDRESS			APT.	CITY	STATE	ZIP CODE

TELEPHONE NUMBER		EMERGENCY CONTACT			
HOME (____) _____ - _____		NAME: _____			
WORK (____) _____ - _____		PHONE: (____) _____ - _____			

BIRTH DATE (MM/DD/YYYY) ____ / ____ / _____	COUNTRY OF ORIGIN	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female
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RACE: Which of the following best describes your ethnic background? (*Check one*)

White - Not Hispanic Black - Not Hispanic Hispanic - Any Race

Asian or Pacific Islander American Indian or Alaska Native

Multiracial

COURSE/PROGRAM REQUESTED	SECTION(S)
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Are you a high school / GED graduate? <input type="checkbox"/> Yes (31) <input type="checkbox"/> No (30)	Are you a U.S. Armed Forces veteran? <input type="checkbox"/> Yes (V) <input type="checkbox"/> No (Z)
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Is this the first time you are enrolling in a Broward County Workforce Development Education Program?
 Yes (Y) No

RESIDENCE (*Check one*) Are you:

A **High School** student living in Broward County? (3) A **High School** student living outside Broward County? (1)

An **Adult** student living in Florida? (4) An **Adult** student living outside Florida? (5)

Is English your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, do you have difficulty reading and/or writing the English language? <input type="checkbox"/> Yes (Y) <input type="checkbox"/> No	CITIZENSHIP (<i>Please indicate your citizenship</i>) <input type="checkbox"/> (A) Non-Resident Alien <input type="checkbox"/> (C) U.S. Citizen <input type="checkbox"/> (P) Permanent Resident Alien <input type="checkbox"/> Unknown
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How do you expect to benefit from taking Adult General Education courses? (*Check one*)

(A) Employment (D) Pass GED (G) Learn English

(B) Improve Employment (E) Obtain High School Diploma (H) Join Military

(C) Retain Employment (F) Advance to Post Secondary Level (I) Citizenship

Please tell us how you first heard of this school. (*Check all that apply*)

Broward Educator (A) Sun-Sentinel (B) Community Newspaper Ad (C) Direct Mail (D) Program/School Brochure (E) Television (F)

Radio (G) School Website (H) Yellow Pages (I) Drive-By School Sign (J) Referred by Family, Friend or Counselor (K)

Other (L) _____

Accommodations and services are available to students with special needs. Please speak to designated personnel at the school for accessing these services.

I hereby certify that the information on this application is accurate to the best of my knowledge. I further certify that I am not currently expelled from the Broward County Public Schools.

STUDENT SIGNATURE _____ DATE _____