

For office use only:  
 Invoice # \_\_\_\_\_  
 Handbook  Added to Student Database

## ADULT EDUCATION REGISTRATION FORM

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last
First
Middle
Date

Gender:  M  F      Date of Birth:    /    /      Have you attended classes here before?  Yes  No

Resident of Pennsylvania? <input type="checkbox"/> Yes <input type="checkbox"/> No	County:	School District:	Personal information requested is required by the PA Department of Education for state reporting purposes. All information collected is kept confidential and is never sold to outside sources. Your cooperation in this matter is greatly appreciated. This information is in no way used to determine eligibility for entrance into a program
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**Home Address:**  
 Street: \_\_\_\_\_

Home Phone:	Cell Phone:	Work/Other Phone:
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Email:	Employer:
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<b>Ethnic Background:</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Black American (not of Hispanic Origin) <input type="checkbox"/> Asian American or Pacific Islander <input type="checkbox"/> Hispanic American (not Puerto Rican) <input type="checkbox"/> Puerto Rican <input type="checkbox"/> White American <input type="checkbox"/> Foreign (in US on student or temporary Visa)	<b>Special Population:</b> <input type="checkbox"/> Disabled <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Economically Disadvantaged <input type="checkbox"/> Educationally Disadvantaged <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Single Parent	<b>How did you hear about us?</b> <input type="checkbox"/> Brochure/Mailing <input type="checkbox"/> Road sign/Billboards <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Job/Career/College Fair <input type="checkbox"/> Family/Friend <input type="checkbox"/> Employer <input type="checkbox"/> Other
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Course Title	Dates and Times	Fee
Total Due:		

**Payment Information:**  
 Checks made payable to **FCCTC-Adult Education**  
 Purchase Order #/Company Name and Contact #: \_\_\_\_\_

Check /Money Order# \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Payment Plan Deposit Amount \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_ Final Payment Due: \_\_\_\_/\_\_\_\_/\_\_\_\_  
 \*Attach Payment Plan Schedule

**If the 3<sup>rd</sup> party does not follow through with the payment, you will be responsible for the payment in full.**

**Refund Policy Statement:**  
 To receive a refund of money paid toward a course or program minus fees for supplies already received, I am required to notify the Adult Education staff of my request to drop from the course/program **One Week prior** to the start date. My failure to do so will result in the forfeiture of all money paid to CareerTech.

I have read the Refund Policy Statement and acknowledge my compliance by signing below:

Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_