

**Quincy Area Vocational Technical Center
Adult Enrollment Form**

S.S. #: _____ - _____ - _____ Last Name: _____ First Name: _____

Mid. Name: _____ Address: _____ City: _____

Zip _____ Home #:(_____) _____ Work #:(_____) _____ Check if English is Not First Language

Occupation: _____ Place of Employment: _____

Race (Circle One): Pacific Islander/Native Hawaiian American Indian/Alaskan Native Black/African American Asian Hispanic/Latino White Other

Birth Date: ____/____/____ Sex (Circle One): Male Female Marital Status (Circle One): Divorced Single Married Widow(er) Other

School Years Completed: _____ Name of last school attended: _____ H.S. Graduate _____ GED _____

Preferred class for enrollment: _____ Date _____ Date _____

<p>Please check one:</p> <p><input type="checkbox"/> Not Disabled</p> <p><input type="checkbox"/> Physical Impairment</p> <p><input type="checkbox"/> Mental Impairment</p> <p><input type="checkbox"/> Learning Impairment</p> <p><input type="checkbox"/> Multiple Disabilities</p>
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<p>Please check <u>one</u> of the following:</p> <p><input type="checkbox"/> Employed Full-Time - Hours per Week: _____</p> <p><input type="checkbox"/> Employed Part-Time - Hours per Week: _____</p> <p><input type="checkbox"/> Unemployed</p> <p><input type="checkbox"/> Not in Labor Force</p>

<p>GOALS - Please check what applies:</p> <p><input type="checkbox"/> Obtain Job <input type="checkbox"/> Improve Basic Literacy</p> <p><input type="checkbox"/> Retain Current Job <input type="checkbox"/> Other _____</p> <p><input type="checkbox"/> Improve Job</p> <p><input type="checkbox"/> Earn GED/Post Sec.</p> <p><input type="checkbox"/> Enter Post Secondary</p>

How do you intend to pay for the class? Self Support from local Work Force Service Center
 Other (describe) _____

Student's Signature Date

Name of person(s) to contact in case of an emergency _____ Phone # (_____) _____
_____ Phone # (_____) _____

Do you give permission to call an ambulance in an emergency? _____