

**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 _____

Please check one:

Not Disabled

Physical Impairment

Mental Impairment

Learning Impairment

Multiple Disabilities

Please check one of the following:

Employed Full-Time - Hours per Week: _____

Employed Part-Time - Hours per Week: _____

Unemployed

Not in Labor Force

GOALS - Please check what applies:

Obtain Job Improve Basic Literacy

Retain Current Job Other _____

Improve Job

Earn GED/Post Sec.

Enter Post Secondary

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? _____