



0300414



For office use only: Year 20_____

 Summer Fall Spring

Date Stamp:

ABE/ELL Registration Form

(1) Student Information

| | | | | |
|---|---|---|---|--|
| 1) Student ID Number | 2) Last Name | First Name | Middle Name | 3) Prior or Maiden Name |
| 4) Mailing Address – Street Address | | City | State | Zip Code |
| 8) E-Mail Address | | 9) Phone 1 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business | | 10) Phone 2 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business |
| 11) Social Security Number | 12) Date of Birth (month/day/year) ____/____/____ | 13) Age | If you are under 21 or attending Gateway Technical College under Youth Options, a 118.15 contract or a HSED contract, the High School information on the next line is required . | |
| 14) Name of high school attended | | 15) Check highest grade completed (high school/college): <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20 | | 16) Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____ |
| 17) Did you receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month/year: _____ | 18) Did you receive an HSED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month/year: _____ | 19) Are you Hispanic or Latino – that is, Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origins, regardless of race? <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 20) Select one or more from the following that best describes your race <input type="checkbox"/> 1 American Indian or Alaskan Native <input type="checkbox"/> 2 Asian <input type="checkbox"/> 3 Black or African American <input type="checkbox"/> 4 Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 5 White | | | | 21) Gender <input type="checkbox"/> Female <input type="checkbox"/> Male |
| 22) Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No | 23) Are you a displaced homemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No | 24) What is your work status? <input type="checkbox"/> Employed Full Time (01) <input type="checkbox"/> Employed Part Time (02) <input type="checkbox"/> Underemployed (03) <input type="checkbox"/> Unemployed – Seeking Work (04) <input type="checkbox"/> Not in Labor Market (05) <input type="checkbox"/> Dislocated Worker (06) | | |

(2) Class Selection

| Class # (9 or 10 digits) | Class Title | Day & Time |
|--------------------------|-------------|------------|
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(3) Student Certification Statement

I hereby certify that, to the best of my knowledge, the information furnished above is true and complete without intent of evasion or misrepresentation.

Student Signature: _____

Date: _____