



ABE/ELL Registration Form

Adult Basic Education and English Language Learner Registration Form

(1) Student Information

1) Student ID Number		2) Last Name		First Name	Middle Name	3) Previous Last Name	
4) Mailing Address – Street Address				City	State	Zip Code	
5) Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		6) Phone 2 - Optional <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		7) Social Security Number		8) Date of Birth (month/day/year) ____/____/____	
9) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		If you are under 21 or attending Gateway Technical College under a 118.15 contract or an HSED contract the High School information in boxes 13 and 14 is required .				10) Are you 21 years old or under? <input type="checkbox"/> Yes <input type="checkbox"/> No	
11) Name of high school attending or last attended _____ City _____ State _____				12) Did you graduate from this high school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter graduation month and year Month/Year _____ If no, check highest grade completed as of today <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11			
13) 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				14) Select one or more from the following which best describes your race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White			
15) Do you intend to transfer to another institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		16) Personal email address _____			17) Do you know your security question and answer to access your record online? <input type="checkbox"/> Yes <input type="checkbox"/> No		
18) Check Highest Credential Earned <input type="checkbox"/> 01 No credential <input type="checkbox"/> 01 Currently in high school <input type="checkbox"/> 02 GED Month/year completed _____ <input type="checkbox"/> 03 HSED Month/year completed _____ <input type="checkbox"/> 04 High School Diploma <input type="checkbox"/> 05 Some College <input type="checkbox"/> 06 Short-Term Diploma (less than one year)				<input type="checkbox"/> 07 1 Year Diploma <input type="checkbox"/> 08 2 Year Diploma (including Apprenticeship) <input type="checkbox"/> 09 Associate Degree <input type="checkbox"/> 10 Associate Degree plus additional credits <input type="checkbox"/> 11 Baccalaureate <input type="checkbox"/> 12 More than Baccalaureate		19) What is your current 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)	
20) Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		21) Are you a displaced homemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No		22) Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No		23) Do you have a parent on active duty in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24) Are you a fostercare youth aged 16-24? <input type="checkbox"/> Yes <input type="checkbox"/> No		25) Select highest degree earned by either parent <input type="checkbox"/> None <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Vocational Tech <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Masters or Professional <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Unknown					

(2) Class Selection

Class # (10 or 11 digits) E.g 801-136-1R11 OR 503-801B-3Z11	Class Title	Day(s) & Time	Credits

(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. I agree to the terms of the Student Responsibility Agreement, available at gtc.edu/student-responsibility-agreement or in print, by request.

Student Signature: _____

Date: _____