



# Mt. Pleasant Community Education Registration Form



All information is kept confidential and is necessary for providing services that are best suited to meet your needs. In order to serve you best, please answer ALL questions clearly and accurately.

Name: \_\_\_\_\_  
Last First Middle Maiden Social Security #

Address: \_\_\_\_\_  
Street and Number Apt. City State Zip County of Residence

Phone: ( ) \_\_\_\_\_ Alt. Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_ Gender \_\_\_\_\_  
City, State

Ethnicity (You may mark more than one)  
 Native American  Asian  Black  Hispanic/Latino  Native Hawaiian  White

Primary Language Spoken:  English  Spanish  Other \_\_\_\_\_

Are you employed?  Yes  No  Not in the Labor Force (unemployed and not seeking employment)

Check all of the following that apply to you:  
 Receiving Public Assistance  Disabled  Living in Rural Area  
 Learning Disabled  Dislocated Worker  Single Parent (child under 18)  
 Displaced Homemaker  Low Income

Do you have any children under the age of 18?  Yes If yes, how many are pre-school age? \_\_\_\_ How many are school age? \_\_\_\_  
 No

Are you a registered voter?  Yes  No If yes, in what city/district? \_\_\_\_\_

What school district do you currently reside in? \_\_\_\_\_

Last High-School Attended: \_\_\_\_\_  
Name of School (School District) City, State School year last Attended

Are you currently enrolled in another school?  Yes  No If yes, where:: \_\_\_\_\_

Do you have a High School Diploma?  Yes  No If yes, year graduated: \_\_\_\_\_ If no, highest grade completed: \_\_\_\_\_

Do you have a G.E.D.?  Yes  No If yes, year G.E.D. obtained: \_\_\_\_\_

2002 G.E.D. tests passed to date:  Writing  Math  Science  Soc. Studies  Reading

Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Signature (if student is a minor) \_\_\_\_\_ Date \_\_\_\_\_

*For office use only, do not write below this line*

Program enrolled in:  HSC  ABE  GED  ALT  ESL  ENR

Transcript Request Sent: \_\_\_\_/\_\_\_\_/\_\_\_\_ Copy of Immunization Records:  Yes  No  N/A

Orientation Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Count Period:  Summer(1)  Fall (2)  Winter (3)  Spring (4)