

Registrar's Initials: H.M.

Application Date: _____

**Bridgeport Adult Education
Class Registration**

<u>First Name</u>		<u>M.I.</u>	<u>Last Name</u>
Address No _____ Street Name _____ City _____ Zip Code _____		Telephone: Home _____ Work _____	
Date of Birth: _____ Month _____ Day _____ Year _____		Age: _____ Documentation: <input type="checkbox"/> Yes, if 16 or 17, must attach parent's signed form. <input type="checkbox"/> No, 18 years or older	
Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male		Country Born: _____	
Social Security Number _____		Ethnicity	
Do you have a high school diploma? <input type="checkbox"/> Yes () from USA or () from Another Country <input type="checkbox"/> No		<input type="checkbox"/> Asian	
Highest Grade Completed: _____		<input type="checkbox"/> Black- African American	
Last High School Attended: _____		<input type="checkbox"/> Black-Non African American	
Parent/Guardian of: (check all that apply)		<input type="checkbox"/> Hispanic/Latino	
<input type="checkbox"/> Child(ren) 5 years old and younger		<input type="checkbox"/> Native Alaskan	
<input type="checkbox"/> Child(ren) 6 to 10 years old		<input type="checkbox"/> Native American Indian	
<input type="checkbox"/> Child(ren) 11 to 18 years old		<input type="checkbox"/> Native Hawaiian	
<input type="checkbox"/> Pacific Islander		<input type="checkbox"/> White	
Employment Status (required max-1)	<input type="checkbox"/> Employed	<input type="checkbox"/> Unemployed seeking employment	<input type="checkbox"/> Unemployed Not seeking employment/Retired
Reason Enrolled Community (no max)	<input type="checkbox"/> Earn Citizenship <input type="checkbox"/> Use community services <input type="checkbox"/> Vote		
Education (no max) <u>N/A</u>	<input type="checkbox"/> Enter college or post-secondary training <input type="checkbox"/> Enter training below post-secondary level		
Employment (max-1)	<input type="checkbox"/> Enter Employment within one month <input type="checkbox"/> Retain Employment <input type="checkbox"/> Neither		
Family (no max) <u>N/A</u>	<input type="checkbox"/> Increase involvement in children's schooling <input type="checkbox"/> Participate in Parent/Children Together (FACT) <input type="checkbox"/> Participate in Parenting Education <input type="checkbox"/> Read more to children		
Military <u>N/A</u>	<input type="checkbox"/> Enter military		
Required Instruction <u>N/A</u>	<input type="checkbox"/> Court order <input type="checkbox"/> Required for public assistance		
I understand all information herein is confidential and used only to administer programs; and, in order to receive credit, I must attend the required number of hours and earn a passing grade of at least 65.			
Applicant's Signature _____		Date _____	
Classes Assigned Subject	NIGHTS M . T . W . <u>TH</u>		ROOM <u>TBA</u>
<u>Photoshop Elements Basic</u>			<u>6:30 - 8:35 pm</u>
			6:30 - 8:35 pm