CONNECTICUT TECHNICAL SCHOOL SYSTEM
PART-TIME ADULT EDUCATION
REGISTRATION FORM

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____ Apt. No: _____ P.O. Box: _____

Town: _____ State: _____ Zip Code: _____

Email address: _____ Date of Birth: _____/_____/_____

Home Phone: ( ) _____ Work Phone: ( ) _____

Emergency Phone: ( ) _____

Signature: _____ Date: _____

FOR RESEARCH PURPOSES ONLY- Circle only <u>one</u> choice in each category

Gender
M - Male
F - Female

Ethnic Code
01 - Am. Indian/Native Alaskan
02 - Asian Am./Pacific Islander
03 - Black
04 - Caucasian
05 - Hispanic

Educational Level
1 - 8th grade or less
2 - 9th through 11th grade
3 - 12th grade or higher, or GED

Veteran
1 - Yes
2 - No

Dominant Language
001 - English
087 - Spanish
060 - Laotian
015 - Cambodian
101 - Vietnamese
Other (specify):

VT School Graduate?
Y - Yes
N - No

Student Type
A - Apprentice
B - Bilingual
C - Contract
E - Extension

COURSE SELECTIONS
(Print clearly - Only one course per night)

Course No.	Course Title	Section No.	Fall/Spring	Weekday

APPRENTICE DATA

Apprenticeship Trade: _____ Apprentice Card Effective Date: _____/_____/_____

Sponsor Name: _____ Sponsor Phone No.: ( ) _____

Sponsor Address: _____
(Street Name & No.) (Town) (State) (Zip)

For Technical School Use Only

Receipt No. _____ Amount $ _____ Date _____