

Adult Enrollment Form



Lawrence County Career and Technical Center

First Name:	Date: / /
Middle Name:	Employed by:
Last Name:	Work Telephone Number:
Legal Name Suffix Circle- Jr., Sr., II, III	Social Security Number
Street Address	PO Box
City:	School District (where you live now)
State:	
Zip Code:	County
Telephone Number:	Alternate Phone:
Course Name	

The Following Information Is Required By The Pennsylvania Department Of Education	
Birth date MM/DD/YYYY / /	
Gender Please Circle M F	
Race/Ethnic	Check All That Apply
American Indian or Alaskan Native	1
Asian or Pacific Islander	2
Black, Non-Hispanic	3
Hispanic	4
Non-Resident, Alien	5
White, Non-Hispanic	6
Special Populations	0=No 1=Yes
Displaced Homemaker	
Economically Disadvantaged	
Educationally Disadvantaged	
Individual with Disabilities	
Limited English Proficiency	
Single Parent	
Drivers License Information	
Drivers License Number	
Expiration Date	
PA License Y N	
If N, what state?	

Please provide the following information if your employer is to be billed for course enrollment

Employers Street Address and PO Box _____

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____