

2022-2023 Academic Year Registration Form

ALL FIELDS REQUIRED

PLEASE PRINT

Social Security Number: _____ Check One: Male Female Date of Birth: _____
Month Day Year

Last Name First Name M.I. Former Name

Mailing Address Apartment Number City State Zip Code

Cell Phone Home Phone Email Address

Resident of: City Village Township of _____ Resident of _____ County

High School Last Attended:

School Name City State Year of High School Graduation Highest Grade of School Completed

Highest Credential Earned: None GED/HSED High School Diploma Other: _____

THIS INFORMATION IS REQUIRED BY THE FEDERAL GOVERNMENT FOR STATISTICAL PURPOSES.

Are you Hispanic or Latino? Yes No

Select any other group American Indian or Alaska Native Asian White
 or groups that apply to you: Black or African-American Native Hawaiian or Other Pacific Islander

(select all that apply)

THIS INFORMATION IS REQUIRED BY THE STATE OR FEDERAL GOVERNMENT FOR STATISTICAL PURPOSES.

Work status at enrollment: Employed Full-Time Employed Part-Time Under-Employed
 Unemployed and Seeking Employment Not in Labor Market Dislocated Worker

Are you a single parent? Yes No

Any disabilities? Yes No

Are you a displaced homemaker? Yes No

DEFINITION: Someone who provides unpaid services to family members in the home, is unemployed or underemployed, and is either 1) no longer supported or 2) a dependent spouse of a member of the armed forces on active duty.

Are you homeless or a migrant worker? Yes No

DEFINITION: Staff View: Currently a migrant worker or homeless? Do you lack fixed, regular, and adequate night residence, share housing with other due to loss of housing, reside in public/private locations not designed for regular sleep such as parks, cars, campgrounds?

Student View: Someone who is a migrant worker or homeless and lacks fixed, regular, adequate nighttime residence.

Are you in foster care? Yes No

DEFINITION: Age 16-24 years old and who is in or aged out of the foster care system.

Are you youth with parents in armed forces? Yes No

DEFINITION: Age 16-24 years old with a parent in armed forces or on active duty.

Are you economically disadvantaged? Yes No

DEFINITION: Any individual or member of a family who receives need-based financial assistance or whose income is at or below the poverty level as defined by the U.S. Department of Health and Human Services:

Number in Family:	1	2	3	4	5	6	7	8*
Income:	\$13,590	\$18,310	\$23,030	\$27,750	\$32,470	\$37,190	\$41,910	\$46,630

*Add \$4,720 for each additional family member

STUDENT START DATE	CLASS NUMBER	CLASS NAME	TIME	INSTRUCTOR	FEE

Student ID _____ **Student Signature** _____