

For office use only:  
 Invoice # \_\_\_\_\_  
 Handbook  Added to Student Database

## ADULT EDUCATION REGISTRATION FORM

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Date

Gender:  M  F      Date of Birth:    /    /      Have you attended classes here before?  Yes  No

Resident of Pennsylvania? <input type="checkbox"/> Yes <input type="checkbox"/> No	County:	School District:	Personal information requested is required by the PA Department of Education for state reporting purposes. All information collected is kept confidential and is never sold to outside sources. Your cooperation in this matter is greatly appreciated. This information is in no way used to determine eligibility for entrance into a program
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**Home Address:**  
 Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work/Other Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Employer: \_\_\_\_\_

<b>Ethnic Background:</b> <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native <input type="checkbox"/> Black American (not of Hispanic Origin) <input type="checkbox"/> Asian American or Pacific Islander <input type="checkbox"/> Hispanic American (not Puerto Rican) <input type="checkbox"/> Puerto Rican <input type="checkbox"/> White American <input type="checkbox"/> Foreign (in US on student or temporary Visa)	<b>Special Population:</b> <input type="checkbox"/> Disabled <input type="checkbox"/> Displaced Homemaker <input type="checkbox"/> Economically Disadvantaged <input type="checkbox"/> Educationally Disadvantaged <input type="checkbox"/> Limited English Proficiency <input type="checkbox"/> Single Parent	<b>How did you hear about us?</b> <input type="checkbox"/> Brochure/Mailing <input type="checkbox"/> Road sign/Billboards <input type="checkbox"/> Newspaper Advertisement <input type="checkbox"/> Job/Career/College Fair <input type="checkbox"/> Family/Friend <input type="checkbox"/> Employer <input type="checkbox"/> Other
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Building/Construction	Business & Services	Health Care	Manufacturing	Transportation
<input type="checkbox"/> Basic Home Repair \$250	<input type="checkbox"/> Cooking Around the World \$225	<input type="checkbox"/> Medical Terminology \$250	<input type="checkbox"/> Industrial Maintenance \$700	<input type="checkbox"/> PA State Emissions \$175
<input type="checkbox"/> Basic Refrigeration \$275	<input type="checkbox"/> Financial Planning & Investment \$250	<input type="checkbox"/> Medical Office Practice \$275	<input type="checkbox"/> Intro to CNC Ops \$1100	<input type="checkbox"/> MACS 609 Cert. \$200
<input type="checkbox"/> HVAC EPA 608 \$200	<input type="checkbox"/> Microsoft Office \$250	<input type="checkbox"/> Pharmacy Technician Cert \$1350	<input type="checkbox"/> ST Welding \$2700	<input type="checkbox"/> PA State Inspection \$225
<input type="checkbox"/> Residential Electricity \$275	<input type="checkbox"/> Landscape Maintenance \$250	<input type="checkbox"/> Certified Nurse Assisting \$1250	<input type="checkbox"/> LT Welding \$5400	<input type="checkbox"/> Forklift License \$225
<input type="checkbox"/> Ind & Comm Electricity \$275	<input type="checkbox"/> Spanish for Beginners \$250	<input type="checkbox"/> Nail Technician Cert \$2200		<input type="checkbox"/> Basic Small Engine \$250
	<input type="checkbox"/> Learn to Paint \$250	<input type="checkbox"/> Cosmetology License \$11500		<input type="checkbox"/> Adv Small Engine \$175
	<input type="checkbox"/> Drone Licensing \$300			<input type="checkbox"/> Logistics Cert (CLA) \$700
	<input type="checkbox"/> Office Management \$300			<input type="checkbox"/> Comm Driver License \$5300

**Payment Information:**  
 Checks made payable to **FCCTC-Adult Education**  
 Purchase Order #/Company Name and Contact #: \_\_\_\_\_

Check /Money Order# \_\_\_\_\_ Credit Card # \_\_\_\_\_ Exp: \_\_\_\_\_ Sec Code: \_\_\_\_\_

Payment Plan Deposit Amount \$ \_\_\_\_\_ Balance Due: \$ \_\_\_\_\_ Final Payment Due: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**\*Attach Payment Plan Schedule**  
**If the 3<sup>rd</sup> party does not follow through with the payment, you will be responsible for the payment in full.**

**Refund Policy Statement:**  
 To receive a refund of money paid toward a course or program minus fees for supplies already received, I am required to notify the Adult Education staff of my request to drop from the course/program **One Week prior** to the start date. My failure to do so will result in the forfeiture of all money paid to CareerTech.  
 I have read the Refund Policy Statement and acknowledge my compliance by signing below:

Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_