SJR State College Adult Education Registration Form

*Grey area for College use only

Returning Student ____ Enrollment Date _____ Term _____

ABE GED ABD Separation Date _____

Name: _____ _____ _____ _____
Last First MI Previous Name

Social Security #: _____ Student ID Number: _____

Birthdate: _____ Gender: _____ Male _____ Female

Address (include City, Sate, and Zip): _____

Telephone: Home (_____) _____ Cell (_____)_____

Emergency # (_____) _____ Email _____

Race (check one or more):

_____White _____ Black or African American _____ Asian _____American Indian/Alaskan Native

_____ Native Hawaiian or Other Pacific Islander

Ethnicity (check one): **Last school attended**: _____ USA _____ Non- USA

_____ Hispanic or Latino _____ Non- Hispanic or Latino

Citizenship (check one):

_____ U.S. Citizen _____ Non-U.S. Citizen*

*If you are not a U.S. Citizen, indicate Country of Citizenship: _____

*Permanent Resident Aliens indicate Resident Alien Number: _____

*Non-Resident Aliens indicate VISA held and expiration date of VISA: _____

Employment Status (select one upon entry for each term/semester

☐ Employed ☐ Unemployed (Looking for employment) ☐ Not in labor force (Not seeking employment)

I give permission for _____*(name of institution)* to release my ABE/GED records to St. Johns River State College.

Signature: _____Date:_____

I give permission for the Department of Education, GED department to release my GED exam scores and transcripts to SJR State, Department of Adult Education.

Signature:_____Date:_____

CRN	Course Title	IFL	FEE