



THE SCHOOL DISTRICT OF BROWARD COUNTY
ADULT & COMMUNITY EDUCATION
WORKFORCE EDUCATION REGISTRATION APPLICATION
CONTINUING WORKFORCE EDUCATION PROGRAMS

REGISTRATION APPLICATION DIRECTIONS: Please print and use legal names. Please complete each item. Every item on this application is required by Florida Statute and/or Florida Administrative Code. If you feel you need assistance to complete this form please see a staff member at the time of registration.

SOCIAL SECURITY NUMBER _____ - _____ - _____	LAST NAME	FIRST NAME	M.I.
ADDRESS	APT.	CITY	STATE
E-MAIL or OTHER MAILING ADDRESS	APT.	CITY	STATE
TELEPHONE NUMBER	EMERGENCY CONTACT		
HOME (_____) _____ - _____	NAME: _____		
WORK (_____) _____ - _____	PHONE: (_____) _____ - _____		
BIRTH DATE (MM/DD/YYYY) ____ / ____ / _____	BIRTH PLACE (City & State or Country)	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	
RACE: Which of these items best describes you? <i>(Check one)</i>			
<input type="checkbox"/> White - Not Hispanic		<input type="checkbox"/> Black - Not Hispanic	
<input type="checkbox"/> Asian or Pacific Islander		<input type="checkbox"/> Hispanic - Any Race	
		<input type="checkbox"/> American Indian or Alaska Native	
		<input type="checkbox"/> Multiracial	
COURSE/PROGRAM REQUESTED			SECTION
Are you a high school graduate? <input type="checkbox"/> Yes (31) <input type="checkbox"/> No (30)		Are you a U.S. Armed Forces veteran? <input type="checkbox"/> Yes (V) <input type="checkbox"/> No	
Is this the first time you are enrolling at this school?		<input type="checkbox"/> Yes (Y) <input type="checkbox"/> No	
RESIDENCE <i>(Check one)</i> Are you:			
<input type="checkbox"/> An Adult student living in Florida? (4)		<input type="checkbox"/> An Adult student living outside Florida? (5)	
Is English your native language? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, do you have difficulty reading and/or writing the English language? <input type="checkbox"/> Yes (Y) <input type="checkbox"/> No		CITIZENSHIP (Please indicate your citizenship) <input type="checkbox"/> (A) Non-Resident Alien <input type="checkbox"/> (C) U.S. Citizen <input type="checkbox"/> (P) Permanent Resident Alien	
I hereby certify that the information on this application is accurate to the best of my knowledge. I further certify that I am not currently expelled from the Broward County Public Schools.			
STUDENT SIGNATURE _____			DATE _____