A-B TECH CONTINUING EDUCATION
STUDENT REGISTRATION DATA FORM

Course Title_____ Section #_____

Name _____
Last First Middle/Maiden

Home Mailing Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ - _____ - _____ Work Phone _____ - _____ - _____Ext._____

E-Mail Address _____

Social Security Number* _____ - _____ - _____ Date of Birth _____ 65 Years or Older ____
**A-B Tech collects social security numbers*
for the purpose of reporting to state and federal agencies.
Social security numbers are not used as identification numbers.

Ethnic (1) White ___ (2) Black ___ (3) American Indian ___ (4) Hispanic ___ (5) Asian ___ (6) Other ___

Gender _____(F) Female _____(M) Male

Check Employment Status
____(E1) Employed 1-10 Hrs
____(E2) Employed 11-20 Hrs
____(E3) Employed 20-39 Hrs
____(E4) Employed 40 or 40+ Hrs.
___(R) Retired
___(UN) Unemployed-Not Seeking
___(US) Unemployed-Seeking

Circle Highest Grade Completed 0 1 2 3 4 5 6 7 8 9 10 11 12
OR
Check Highest Educational Level
___ (--) GED
____(13) Adult HS Diploma
____(14) Vocational Diploma
____(15) Associate Degree
____(16) Bachelor's Degree
____(17) Master's Degree or Higher

Job Title _____

Agency Name _____

Signature _____Date _____