



ADULT EDUCATION REGISTRATION FORM 2021-2022

Horry County Adult Education

For Program Use Only	
Date:	
State ID:	
PS Withdrawal Cd:	

_____	_____	_____	_____
Last Name & Suffix	First Name:	Middle Name	Preferred Name
Street Address _____			
City: _____	State: _____	Zip: _____	County of Residence _____
Home Phone _____	Cell Phone: _____	Work Phone _____	
Email _____	Birthdate (mm/dd/yyyy) _____	Age _____	Gender (circle one) M F

Ethnicity: Please check the "YES" or "NO" box on the line below to indicate ethnicity. (Definition: A Hispanic/Latino individual is a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture/origin, regardless of race.)

Yes, I am Hispanic / Latino No, I am not Hispanic / Latino

Race: Check one or more boxes below to indicate your race.

American Indian or Alaskan Native Native Hawaiian or Other Pacific islander

Black or African American Asian White

Employment Status: Check only one box below to indicate employment status.

<input type="checkbox"/> Employed but pending separation incl. military	<input type="checkbox"/> Unemployed and looking for work	<input type="checkbox"/> Retired
<input type="checkbox"/> Unavailable for work	<input type="checkbox"/> Unemployed but not looking for work	<input type="checkbox"/> Fully Employed <input type="checkbox"/> or Part-time

Education Level Completed (Check one):

<input type="checkbox"/> No Schooling	<input type="checkbox"/> Completed Grade _____ in K-12	<input type="checkbox"/> High School Equivalency Diploma
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> Some College Educ. (no degree)	<input type="checkbox"/> College or Professional Degree

Location of Education: U.S. Schools? Yes No

Name of Last High School Attended? _____

Have you attended adult education before? Yes No

If "Yes": Where? _____ When? _____

If you are between ages 17-21, are you **currently** expelled from school? Yes No

Yes No

Immigrant? If Immigrant, Birth Country? _____

Disabled? Nature of Disability? _____

Your signature below indicates the following: All information provided on this form is accurate to the best of your knowledge **AND** you understand and agree to the Program Rules, Dress Code & Internet Policy.

Student Signature: _____ Parent Signature: _____

Date: _____ Date: _____