

CAEC COMPUTER TRAINING DEPARTMENT REGISTRATION FORM

DATE _____ CLASS _____

RECEIPT # _____

NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

HOME PHONE _____ BIRTHDATE _____

CELL PHONE _____

SOCIAL SECURITY or D.L. NUMBER _____

E-MAIL ADDRESS _____

SEX (check one)

____ Male
____ Female

RACE (check one)

____ White
____ Black
____ American Indian
____ Hispanic
____ Asian
____ Other

TELL US ABOUT YOURSELF PLEASE

Unemployed____ Retired____ Self Employed____ Employed____ Disabled____
Name of Business _____ Work Phone # _____

If employed please check your current salary range (check one)

____ under \$10,000 ____ \$15,001 - \$20,000 ____ \$25,001 - \$30,000
____ \$10,001 - \$15,000 ____ \$20,001 - \$25,000 ____ over \$30,000

PLEASE TELL US WHY YOU ARE TAKING THIS CLASS

____ To get a job ____ For your current job
____ To get a better job ____ Self knowledge/improvement
____ Other – Brief explanation _____

EDUCATION

____ Less than 12th grade ____ 12th grade or GED ____ Above 12th grade

Please inform instructor of any medical condition, which could affect participation in this class.