

Quarter: _____ Day: M/W or T/TH

P _____ *P* _____ Accepted By _____ Date _____

Date Received in Adult Ed _____ Received By _____

TODAYS DATE: _____

Registration Form for Driver Education

Last Name _____ First Name _____ Middle Name _____

Date of Birth _____ Age _____ Sex: M F Other _____

Address _____ City/State/Zip _____

Home Phone _____ Cell Phone(s) _____; _____

Parent Email _____ (please print clearly)

Student Email _____ (please print clearly)

Which High School do you attend? _____ Currently enrolled in grade (Circle One): 9 10 11 12

Emergency Contact Name & Phone _____ (please print clearly)

DATA COLLECTION

The State of New Hampshire requires that we collect data on our adult education program. This information will be kept confidential and used to help improve our programs. Please answer all questions.

1. Do you speak a language other than English? Yes ___ Please list: _____ No ___
2. Race (check all that apply): American Indian or Alaska Native ___ Asian ___ Black or African American ___
Native Hawaiian or Other Pacific Islander ___ White ___
3. Ethnicity: Hispanic or Latino ___ Not Hispanic or Latino ___
4. Do you have access to the internet at home? Yes ___ No ___
If no check the reason: Internet is not available at home ___ I am unable to pay for internet access ___
Check all devices you have at home: cell phone ___ computer desktop ___ computer laptop ___
5. Employment: Employed ___ Employer Name _____ Hourly Rate _____ Unemployed ___ Not in Labor Force ___