

## SCHOOL EMPLOYEE REGISTRATION FORM

**RETURN COMPLETED FORM WITH A COPY OF YOUR SCHOOL EMPLOYEE ID TO  
MCALHOUN@FORSYTHTECH.EDU**

**NAME AS SHOWN ON SOCIAL SECURITY CARD**

Last	First	Middle	Maiden
Street Address or PO Box	City	State	Zip County
Home Phone #	Work Phone #	Cell Phone #	Last 4 Digits of Social Security Number or 7-digit Forsyth Tech ID
Email Address <b>(REQUIRED)</b>		Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth
Are you an Underage Minor (UAA)? (16-17 years old) <input type="checkbox"/> Yes <input type="checkbox"/> No		Are you a Forsyth Tech employee (EMP)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Ethnicity – Check One or More</b> <input type="checkbox"/> American Indian/Alaska Native (AN) <input type="checkbox"/> Asian (AS) <input type="checkbox"/> Black, Non-Hispanic (BL) <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Non-Hispanic (WH)		<b>Employment Status – Check One</b> <input type="checkbox"/> E1 – Employed 1-10 hours <input type="checkbox"/> UN – Unemployed – Not Seeking Employment <input type="checkbox"/> E2 – Employed 11-20 hours <input type="checkbox"/> US – Unemployed – Seeking Employment <input type="checkbox"/> E3 – Employed 21-39 hours <input type="checkbox"/> E4 – Employed 40+ hours <input type="checkbox"/> R – Retired	
Last High School Attended _____		<input type="checkbox"/> Unknown (1756748)	
Last Attended Date _____			
Highest Grade Completed – Circle One			
1 2 3 4 5 6 7 8 9 10 11 12 13 – High School Equivalency Diploma/GED®/Adult HS Diploma			
14 – One-year Vocational Diploma   15 – Associate Degree   16 – Bachelor’s Degree   17 – Master’s Degree or Higher			

Course Code	Course Title	Date	Time	Fees	Location/Room #
1.					
2.					

**After clicking Submit, please attach Photocopy of your School ID Card to the email.**

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_