

Forsyth Technical Community College Economic & Workforce Development Student Registration Form

Name (Please print)		Middle Initial	★Date of Birth	Maiden Name
Last	First			
Address		City	State	Zip
Employer		Full Time <input type="checkbox"/>		Part Time <input type="checkbox"/>
Work Phone #				
Cell #		★E-mail address		
Have you taken class(es) at Forsyth at any time before today?		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Ethnicity (Please check one)				
White/Non-Hispanic <input type="checkbox"/>	African American, Non-Hispanic <input type="checkbox"/>	American Indian <input type="checkbox"/>	Hispanic <input type="checkbox"/>	Asian/Pacific Island <input type="checkbox"/>
Other <input type="checkbox"/>				
Male <input type="checkbox"/>	Female <input type="checkbox"/>			
Highest Education Level Complete? (Please check one)				
K-12 <input type="checkbox"/>	Certificate <input type="checkbox"/>	AA <input type="checkbox"/>	BA <input type="checkbox"/>	MA <input type="checkbox"/>
Last High School Attended				
High School Graduation Date				
Signature		Date		