CONNECTICUT TECHNICAL SCHOOL SYSTEM
PART-TIME ADULT EDUCATION
REGISTRATION FORM

Last Name: _____ First Name: _____ M.I. _____

Street Address: _____ Apt. No: _____ P.O. Box: _____

Town: _____ State: _____ Zip Code: _____

Email address: _____ Date of Birth: _____/_____/_____

Home Phone: (   ) _____ Work Phone: (   ) _____

Emergency Phone: (   ) _____

Signature: _____ Date: _____

FOR RESEARCH PURPOSES ONLY- Choose only one choice in each category

Gender	**Ethnic Code**	**Educational Level**	**Veteran**

Dominant Language	**VT School Graduate?**	**Student Type**

COURSE SELECTIONS
(Print clearly - Only one course per night)

Course No.	Course Title	Section No.	Fall/Spring	Weekday

APPRENTICE DATA

Apprenticeship Trade: _____ Apprentice Card Effective Date: _____/_____/_____

Sponsor Name: _____ Sponsor Phone No.: (   ) _____

Sponsor Address: _____
           (Street Name & No.)   (Town)   (State)   (Zip)

For Technical School Use Only

Receipt No. _____ Amount $ _____ Date _____