



GED/High School Diploma Registration Form

FOR OFFICE USE

IN PERSON: _____ VIRTUAL: _____

PROGRAM: _____ DATE: _____

TRANSCRIPTS: _____

Thank you for your interest in registering with **Dysart Community Center**.

*All student registrations are reviewed by program administration, the information you provide will be stored in confidence. Your completed form will be held securely and confidentially. Only authorized staff will have access to your information. **Please complete each section in full.***

Personal Details

Legal Name: (First, Middle Initial, Last: _____

Mr. ☐ Mrs. ☐ Miss. ☐ Ms. ☐

Preferred Name: _____

Full Address: _____

City: _____ State: _____ Zip Code: _____

Telephone: (Home) _____ (Cell) _____

E-Mail: _____

Birthdate: _____

Day / Month / Year

If you are onsite and an emergency arises, whom should we contact?

Name: _____ Relationship: _____

Telephone: (Home) _____ (Mobile) _____

Health Concerns

Are there any health concerns that we need to be aware of?

Equal Opportunities

Dysart Community Center is committed to equal opportunities all students will be treated fairly and any educational decisions will not be influenced by race, color, nationality, religion, sex, marital status, family status, sexual orientation, disability, or age. Dysart Community Center fully endorses a working environment free from discrimination and harassment.

EMPLOYMENT STATUS

1. Are you currently employed? Yes ☐ No ☐

If you answered yes, please list your place of employment and position.

EDUCATIONAL GOALS

2. Why do you want to register now? What has motivated you to get in touch with us?

3. Please list your goals and what you hope to achieve through taking this course?

4. Last level of education completed? (grade level): _____

DAYS/TIMES AVAILABLE

	Monday	Tuesday	Wednesday	Thursday	Friday
Morning					
Afternoon					
Evening					

PHOTO/VIDEO RELEASE FORM:

I hereby give permission for images of myself, taken during regular and special activities through video, photo and digital camera, to be used solely for the purposes of Dysart Community Center promotional material and publications, and waive any right of compensation or ownership thereto.

_____ Initials

I understand that I will not hold Dysart Community Center liable for any injury that I, may incur on the Dysart Community Center premises and understand that I am to provide (medical) care on my own.

Printed Name: _____

Signature: _____ Date: _____

How did you find out about classes with Dysart Community Center?

- ☐ Information / Outreach meeting
- ☐ Dysart Community Center Website
- ☐ Leaflet / Poster
- ☐ Word of Mouth
- ☐ Internet www. _____
- ☐ Other _____
- ☐ School/University
- ☐ Media Radio / Television / Newspaper