

CRAWFORD COUNTY CAREER AND TECHNICAL CENTER EVENING PROGRAM REGISTRATION

STUDENT INFORMATION (Required by Pennsylvania):

Legal: First Name	Middle Name	Last Name	Suf.	SCHOOL DISTRICT:
				<input type="checkbox"/> Crawford Central
				<input type="checkbox"/> Conneaut
				<input type="checkbox"/> PENNCREST
				<input type="checkbox"/> Other (indicate below)
Mailing Address				
City		State	Zip Code	BTHNIC:
				<input type="checkbox"/> White (not of Hispanic origin)
				<input type="checkbox"/> Black (not of Hispanic origin)
				<input type="checkbox"/> American Indian/ Alaskan
				<input type="checkbox"/> Asian or Pacific Islander
				<input type="checkbox"/> Hispanic
DATE OF BIRTH		S. S. #		
SPECIAL POPULATIONS (Complete if applicable):				
<input type="checkbox"/> Single Parent		<input type="checkbox"/> Displaced Homemaker		
<input type="checkbox"/> Disabled/ Handicapped		<input type="checkbox"/> Educationally Disadvantaged		
Limited English Proficiency (LEP)		<input type="checkbox"/> Economically Disadvantaged		
GENDER:				<input type="checkbox"/> Male
				<input type="checkbox"/> Female

ADDITIONAL STUDENT INFORMATION:

Home Phone	Cell Phone	Work (Daytime) Phone
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SPONSOR INFORMATION (If Applicable):

Sponsor (Employer, OVR, TAA, etc.)	Contact Person	Phone
Mailing Address		Purchase Order #
City	State	Zip Code

Course	<input type="checkbox"/> Act 48 Hours	\$ _____ Total Registration Fee
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BELOW FOR CRAWFORD COUNTY CTC USE ONLY:

\$ _____	Registration 1st Pmt.	Date Rcvd	Check # _____	Receipt # _____	Rcvd by _____	<input type="checkbox"/> Sponsor Pmt.
			or Cash <input type="checkbox"/>			<input type="checkbox"/> Individual Pmt.
\$ _____	Registration 2nd Pmt.	Date Rcvd	Check # _____	Receipt # _____	Rcvd by _____	<input type="checkbox"/> Sponsor Pmt.
			or Cash <input type="checkbox"/>			<input type="checkbox"/> Individual Pmt.
\$ _____	Registration 3rd Pmt.	Date Rcvd	Check # _____	Receipt # _____	Rcvd by _____	<input type="checkbox"/> Sponsor Pmt.
			or Cash <input type="checkbox"/>			<input type="checkbox"/> Individual Pmt.
\$ _____	Textbook Pmt.	Date Rcvd	Check # _____	Receipt # _____	Rcvd by _____	<input type="checkbox"/> Sponsor Pmt.
			or Cash <input type="checkbox"/>			<input type="checkbox"/> Individual Pmt.
\$ _____	Clearance Pmt.	Date Rcvd	Check # _____	Receipt # _____	Rcvd by _____	<input type="checkbox"/> Sponsor Pmt.
			or Cash <input type="checkbox"/>			<input type="checkbox"/> Individual Pmt.
Date Completed	Course Hours	Instructor	Grade			