

Adult Healthcare Student Information Sheet

Please Print

COURSE (Student enrolling in)			
FULL NAME	(First)	(Middle)	(Last)
OTHER NAME	(example: Alias, Maiden, Ext.)		
BIRTHDATE			
SOCIAL SECURITY #			
STREET ADDRESS			
CITY, STATE, ZIP CODE	(City)	(State)	(Zip Code)
CELL PHONE			
HOME PHONE			
EMAIL ADDRESS			
DATE COMPLETED			

Please make any notes on reading assessment , class inform, forms, etc. below _____

OFFICE USE ONLY

READING ASSESSMENT INFORMATION

Type of Test _____ Score _____ Date _____ of _____
 English Comp I with C or better _____

NOTES _____

*Please give an accurate social security number if this is wrong you will not get a certification card. You will have to show your Picture ID at the time of state testing.