WACTC ADULT ENROLLMENT FORM A Choice With A Future Canonsburg, PA E.O.E. First Name: Date: Middle Name: Employed by: Last Name: Work Telephone Number: Home School District (where you presently reside): Legal Name Suffix: Circle - Jr., Sr., II, III Address: Social Security Number: City: Class: State: **Tuition Cost:** Zip Code: WACTC LOCAL ID Number: Telephone Number: THE FOLLOWING INFORMATION IS REQUIRED BY THE PENNSYLVANIA DEPARTMENT OF EDUCATION: GENDER: | Male | Female BIRTHDATE: RACE/ETHNICITY: SPECIAL POPULATIONS: No YES American Indian or Alaskan Native Displaced Homemaker **Economically Disadvantaged** Asian Black, Non-Hispanic Educationally Disadvantaged Hispanic / Latino Individual with Disabilities Non-Resident Alien Limited English Proficient White Single Parent Native Hawaiian or Other Pacific Islander THIS INFORMATION TO BE COMPLETED BY WACTC: CIP Code: PA Secure ID: Program Entry Date: Program Exit Date: Program Completion Indicator 0=No 1-Yes Passed Occupational Program Indicator 0=Fail 1=Pass Passed Academic Program Indicator 0=Fail 1=Pass 2=Not Applicable Please provide the following information if your employer is to be billed for course enrollment: Employer Address Zip Code _____ State _____ City____ Phone Number Fax Number Note: Tuition will not be refunded after the second class session has met. Student Signature Date Western Area CTC Representative