WACTC ADULT ENROLLMENT FORM

Canonsburg, PA E.O.E.

A Choice With A Future

First Name:	Date:
Middle Name:	Employed by:
Last Name:	Work Telephone Number:
Legal Name Suffix:	Home School District (where you presently reside):
Address:	Social Security Number:
City:	Class:
State:	Tuition Cost:
Zip Code:	
Telephone Number:	

THE FOLLOWING INFORMATION IS REQUIRED BY THE PENNSYLVANIA DEPARTMENT OF EDUCATION:

BIRTHDATE: / / (MM DD YYYY) GENDER: Male Female

RACE/ETHNICITY:		SPECIAL POPULATIONS:	NO	YES
American Indian or Alaskan Native		Displaced Homemaker		
Asian		Economically Disadvantaged		
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		Homeless		

THIS INFORMATION TO BE COMPLETED BY WACTC:

CIP Code:

PA Secure ID: WACTC LOCAL ID Number:

Program Entry Date: / / (MM DD YYYY) Program Exit Date: / / (MM DD YYYY)

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_____

City_____ State _____ Zip Code _____

Phone Number _____ Fax Number _____

Note: Tuition will not be refunded after the second class session has met.

_____

Student Signature Date

_____

Western Area CTC Representative Date

August 2023