



Adult Education Registration Form

Term _____ SSN* or Student ID Number _____ Legal Name (Last, First, MI) _____ Suffix _____

*If you have attended PSC in the past, use your ID number. Use your SSN if you have never attended PSC. Review the SSN Collection and Usage Statement provided.

Date of Birth (Month/Day/Year)* _____ Primary Telephone Number _____ Secondary Telephone Number _____

Address _____ City _____ State _____ Zip _____

County of Residence _____ Personal Email Address _____

Email: You will be provided a College email address. Please access your Pirate Mail on the College web site by clicking on the PirateMail icon. You must check your Pirate Mail at least once a week.

I affirm that the information provided in this application is true and accurate. I understand that enrollment information and test scores may be released for federal and state reporting requirements. I have been provided the Social Security Collection and Usage Statement.
Signature _____ Date _____

TABE Reading _____ Language _____ Math _____
GE/Level Form GE/Level Form GE/Level Form

CASAS Reading _____ Listening _____
SS/Level Form SS/Level Form Test Date _____

Section	Course	Meeting Days/Time	Advisor Signature	Location/Room	Program Type
					<input type="checkbox"/> ABE <input type="checkbox"/> GED <input type="checkbox"/> ESOL Institutional Programs: 1. ____ 2. ____ 3. ____
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1. Corrections 2. Community Corr. Program 3. Other Institution Setting
Seperation date to be provided by instructor when student completes class or ceases attending class.