



Greater Lawrence Community Action
Workforce Development & Adult Learning
Fall 2020 Registration Form

Date:

Class: ___ ESOL
 ___ Healthcare ESOL
 ___ Workforce Training

Last Name

First Name

Address 1:

City:

State:

Zip:

Cell Phone:

Home Phone

EMAIL

Date of Birth

Are you Hispanic/Latino? Yes No

Highest educational level completed on entry: (Check only one.)

- | | |
|---------------------------------------|--|
| <input type="checkbox"/> No Schooling | <input type="checkbox"/> Secondary School Diploma or Credential |
| <input type="checkbox"/> Grade 1-5 | <input type="checkbox"/> Secondary School Equivalent |
| <input type="checkbox"/> Grade 6-8 | <input type="checkbox"/> Some Postsecondary Education, No Degree |
| <input type="checkbox"/> Grade 9-12 | <input type="checkbox"/> Postsecondary or Professional Degree |

Where did you receive your highest level of education? (Check only one.)

- U.S. Based Schooling Non U.S. Based Schooling

Employment Status:

___ Employed

___ Unemployed

Employer Information