

## STAFFORD TECHNICAL CENTER ADULT & CONTINUING EDUCATION

8 STRATTON ROAD, RUTLAND, VERMONT 05701 (802) 770-1178, (802) 770-1032 FAX (802) 770-1066

RE	GISTRATION
	Fall
	Spring
	Summer

				OT																_			_	_	_		_	_				-	
NAN	ИE		LAST FIRST									IVII	SOC. SE					SEC	).					-				-					
STF	REET																																
CIT	Y												ATE			ZIP				Τ				ATE BIRT		M	м	DD	YY	s	EX		
PHO	ONE	(	CODE	)						T	CELL OR BUSINESS							E	EMAIL														
R	EQUIF U iovef	C ORIGIN IRED FOR U.S. PORTS (Circle One) White (Not Hispani Asian or Pacific Isla Black (Not Hispani Hispanic Other Unknown Multiple										nde	Tuition Paid by (Circle Student r Employer of Student Workers Comp. Multiple Payment VWNA Grant Alternative Education Parent of Student Contracted Class								e One) Student's School District VSAC DET Reachup VOC REHAB VA Benefits VDOL Employer & Student None of the Above												
No H GED High Some Assoc Bach Gradu You v enrol <b>tratic</b>	Education (Please circle one):       How did you learn about our       Main reason for a         No High School Diploma       course offerings (Please circle one):       in the course (Please circle one):         GED       Newspaper       Acquire a specifi         High School Diploma       Flier, Brochure or Website       Obtain employm         Some College, No Degree       Friend or Neighbor       Upgrade employ         Associate's Degree       Employer       Complete high sc         Bachelor's Degree       Another Individual       Personal enrichm         Other:														Please ific sl ment scho ment be n her te stud	ease circle one):         level (Please circle one):           ic skill         Under $\$8,240$ $\$8,240 - 11,060$ nent         11,060 - 13,880         13,880 - 16,700           /ment         16,700 - 19,520         19,520 - 22,340           chool         22,340 - 25,160         25,160 - 27,980           27,980 - 30,000         30,000 - 45,000           nent         45,000 - 75,000         75,000 and up           I choose not to answer         I																	
										OU	R	SE	TITL	E		ARTI DATE				TIN	ЛE						-	uit Haf		-			
				-																													
				-																													
				-																													
				-																													
	STUDENT SIGNATURE DATE													-	PAYMENT TYPE OFFICE USE ONLY									LY									
	CARDHOLDER'S NAME													ם כ ר		CH (wal regi only CR CA DEI	SH k-in stra: ) EDI RD BIT	tior	ר			DA	ΤE	RE	CEI	VE	):						
In accor	CREDIT CARD NUMBER EXP. DATE												Disa	CA	RD Act, it											on, upon							