

Adult Healthcare Student Information Sheet

Please Print

COURSE (Student enrolling in)	
FULL NAME	(First) (Middle) (Last)
OTHER NAME	(example: Alias, Maiden, Ext.)
BIRTHDATE	
SOCIAL SECURITY #	
STREET ADDRESS	
CITY, STATE, ZIP CODE	(City) (State) (Zip Code)
CELL PHONE	
HOME PHONE	
EMAIL ADDRESS	
DATE COMPLETED	

Please make any notes on reading assessment , class inform, forms, etc. below _____

OFFICE USE ONLY

READING ASSESSMENT INFORMATION

Type of Test _____ Score _____ Date _____ of _____
 English Comp I with C or better _____

NOTES _____

*Please give an accurate social security number if this is wrong you will not get a certification card. You will have to show your Picture ID at the time of state testing.