



29316 Lankford Highway
 Melfa, VA 23410
 757.789.7979 / workforce@es.vccs.edu

***Required Information**

1. *Name: _____
 First Full Middle Last

2. Social Security Number: _____ - _____ - _____ Empl-Id: _____

You are not required to provide your SSN if you choose not to. Your SSN or date of birth will help distinguish you from other students in Virginia who might have the same name, and will help to ensure that your participation is correctly recorded.

3. Former Name: _____
 First Full Middle Last

4. * Date of birth: ____/____/____ 5. *Phone - home: _____
 (Month) (Day) (Year)

6. *Mailing address: _____
 (Street) (Apt #)

(City) (State) (ZIP) (Country, if not USA)

7. *Email address: _____ (This is critical)

8. Employer: _____ 9. Phone - work: _____

10. Ethnicity: ____ Black/African American ____ White ____ Asian ____ Hispanic/Latino
 ____ American Indian or Alaskan Native ____ Native Hawaiian/ Pacific Islander

11. Gender: ____ Male ____ Female

12. US Citizenship Status: ____ Native: US citizen from birth ____ Naturalized USA citizen
 ____ Alien: permanent resident ____ Alien Temporary resident

13. Primary language: ____ English ____ Other

14. Military information: () active duty () active reserves () inactive reserves () retired
 () veteran () military spouse () military dependent child Branch: _____

15. Are you a foster youth or were you in the foster care system at any time? _____

Class Title	Date	Fee