



W __ SP __ SU __ F1 __ F2 __ Year _____
Computer, Medical, Spanish

Course(s) _____



Name _____

FIRST

LAST

***The **REGISTRATION FEE IS NON-REFUNDABLE**. All information on this form is confidential. It will not be released from EDUCATION & LIFE TRAINING CENTER without your permission, unless you are participating in any assistance program where release of information is required.

My **photograph** may be used as part of a news report, newsletter, or other publication relevant to the Education & Life Training Center.

I do not wish to appear in any news media photographs connected with the Education & Life Training Center.

Signature _____

Date _____

Office Use Only

Class Rate/Class 1	\$ _____	Class Rate/Class 2	\$ _____
Text Book	\$ _____	Text Book	\$ _____
Slide Discount	\$ _____	Slide Discount	\$ _____
Lab Fee	\$ _____	Lab Fee	\$ _____
Materials Fee	\$ _____	Materials Fee	\$ _____
Student Price	\$ _____	Student Price	\$ _____

Total Paid: \$ _____ CASH: _____ Voucher: _____ CHECK # _____
Agency: _____

Checklist:

- ___ Is every item on the registration form completed?
- ___ Is Contact Information Sheet complete?
- ___ Has a copy of Driver's License been submitted (ESL excluded)?
- ___ Have three-months paystubs for all members of the household, aged 18 and older, been submitted (ESL and Full Fee Payer excluded)? For (80% AMI)

Notes: _____

Registered by: _____

AMI: 81% + 51-80% 31-50% 0-30%

FPL: 200% 185% 150% 125% 100%

Compliance with CRS 24-76.5-103 – Proof of Lawful Presence

Because our agency, Education & Life Training Center, serves individuals/students who are receiving an education funded *in part* by the public benefit grant from Community Planning and Environmental Services-Advance Planning Department of Fort Collins, we must comply with the new Colorado State Bill 1023.

All students receiving education in **GED, Workplace Spanish, Computer and/or Medical Training**, must sign this affidavit of citizenship, permanent residency in the United States, or lawful, documented proof of presence in the United States.

If proof *cannot* be documented, you will be refunded the class fee/registration fee until you can provide proof of lawful presence in the United States.

I, _____, swear or affirm under penalty of perjury under

the laws of the State of Colorado that (check one):

- _____ I am a United States citizen, or
- _____ I am a Permanent Resident of the United States, or
- _____ I am lawfully present in the United States pursuant to Federal law.

I understand that this sworn statement is required by law because I have applied for a public benefit. I understand that state law requires me to provide proof that I am lawfully present in the United States prior to receipt of this public benefit. I further acknowledge that making a false, fictitious, or fraudulent statement or representation in this sworn affidavit is punishable under the criminal laws of Colorado Revised Statute 18-8-503 and it shall constitute a separate criminal offense each time a public benefit is fraudulently received.

Signature

Date

Identification forms that can be used are:

- 1) Sign an affidavit saying they are in the country legally
- 2) Present one of four Ids:
 - a) A Colorado driver's license
 - b) State-issued ID with a picture/photograph
 - c) Merchant Mariner card
 - d) Native American Tribal document
- 3) Original birth certificate from any state of the United States
- 4) Certificate verifying naturalized status by U.S. with photo and raised seal
- 5) Order of adoption by a U.S. court with seal of certification
- 6) Valid immigration documents demonstrating lawful presence, e.g., current foreign passport with current I-551 stamp or visa, current foreign passport with I-94, I-94 with asylum status, unexpired Resident Alien card, Permanent Resident card or Employment Authorization card

Non-Discrimination Policy:

The Education & Life Training Center does not discriminate on the basis of race, creed, color, religion, sex, sexual orientation, national origin, age disability or family/marital status in the admission access or appointment to, or treatment of employment in, its programs or activities.