



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

Rate/Class 1	\$ _____	Rate/Class 1	\$ _____	_____
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%

SU \_ F1 \_ F2 \_ W \_ Sp \_ Year \_\_\_\_\_  
**Computer, Medical**

Course(s) \_\_\_\_\_

<p>Have you taken a class at ELTC before? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, when? _____</p>		
<p><b>Name</b></p>		
<p><b>LAST</b></p>	<p><b>FIRST</b></p>	<p><b>MIDDLE</b></p>
<p><b>Address</b></p>		
<p><b>CITY</b></p>	<p><b>STATE</b></p>	<p><b>ZIP</b></p>
<p><b>Gender</b>          F <input type="checkbox"/> M <input type="checkbox"/></p>		
<p><b>Email</b></p>		<p><b>Phone</b></p>
<p><b>Birth Date</b>          _____          Month/Day/Year</p>		<p><b>Emergency Contact</b> (name and phone number)          _____</p>
<p><b>Student Status</b>          (check all that apply)</p> <p><input type="checkbox"/> Public Assistance  <input type="checkbox"/> Low Income  <input type="checkbox"/> Single Parent  <input type="checkbox"/> Head of household  <input type="checkbox"/> Married  <input type="checkbox"/> Dislocated Worker</p>	<p><b>Income Information</b></p> <p>Number of people who live in your household: _____</p> <p>Annual Household Income: _____  <b>or</b>          Monthly Household Income: _____</p> <p>No income: Please sign declaration of no income</p>	<p><b>Ethnicity/ Race</b>          (check all that apply)</p> <p><input type="checkbox"/> Hispanic or Latino  <input type="checkbox"/> American Indian/ Alaskan Native  <input type="checkbox"/> Asian  <input type="checkbox"/> Black/African American  <input type="checkbox"/> Native Hawaiian/ Pacific Islander  <input type="checkbox"/> White  <input type="checkbox"/> Other _____</p>
<p><b>First Language:</b>          English          Other _____</p>	<p><b>Labor Force</b> (check one)</p> <p><input type="checkbox"/> Employed, seeking a new job  <input type="checkbox"/> Employed, not seeking a new job  <input type="checkbox"/> Unemployed, seeking a job  <input type="checkbox"/> Unemployed, not seeking a job</p>	<p><b>Highest School Year Completed</b>          (Please circle)</p> <p>0 1 2 3 4 5 6 7 8 9 10 11 12          Over 12</p>
<p><b>Goals - Please check <u>only one!</u></b></p> <p><input type="checkbox"/> Employment – Obtain a job  <input type="checkbox"/> Employment – Retain A Job /Improve employment  <input type="checkbox"/> Life Skills – Academic Improvement  <input type="checkbox"/> Life Skills – Improve Basic Technology Skills/ Knowledge  <input type="checkbox"/> Education – Enter postsecondary education or vocational training  <input type="checkbox"/> Other personal goal _____</p>		<p><b>How did you learn about us?</b></p> <p><input type="checkbox"/> A student (name) _____  <input type="checkbox"/> Newspaper ad (which one) _____  <input type="checkbox"/> Flyer  <input type="checkbox"/> Referral agency (which) _____  <input type="checkbox"/> During Pack to School  <input type="checkbox"/> Other _____</p>

We must do follow up surveys as a condition of our grant funding. We will be contacting you by mail after you finish this course to get feedback. Please help us by keeping your contact information current and responding to our future surveys. We will send surveys at 3, 6, and 12 months after the class ends to find out if you have achieved the goal you checked. The continuation of our classes depends on this. Thank you!

## 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.