



# APPLICATION FOR ENROLLMENT

PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES OF FORM

Date \_\_\_\_/\_\_\_\_/20\_\_\_\_

Examiner \_\_\_\_\_

Name of Applicant: \_\_\_\_\_ / \_\_\_\_\_ Birth Date: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Last First

Address: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip County

Cell/Home Phone: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

Last Grade Completed: \_\_\_\_\_ Current or Last School Attended: \_\_\_\_\_

Diploma  GED  None  Other Additional Training/Certificates: \_\_\_\_\_

Do you wear glasses for close work?  Yes  No If yes, do you have them with you?  Yes  No

When was the last time you had your eyes checked? \_\_\_\_\_

Are you aware of any hearing problems?  Yes  No When was the last time you had your hearing checked? \_\_\_\_\_

## EMERGENCY CONTACT INFORMATION

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Cell/Home: ( ) \_\_\_\_\_ Work Phone: ( ) \_\_\_\_\_

## ACADEMIC INFORMATION

Goal(s) for continuing education:  Reading  Spelling  Math  GED  College Prep

Other: \_\_\_\_\_

Have you taken the GED test before?  Yes  No If yes did you pass?  Yes  No What was your score? \_\_\_\_\_

Which sections of the GED Test did you pass?  Math  Language Arts/Reading  Social Studies  Science

Are any of these challenging for you?  Reading  Spelling  Math

What was your favorite subject in school? \_\_\_\_\_

Did you have any academic concerns, special placement classes, or receive tutoring while in school?

Please explain: \_\_\_\_\_

Please add any additional information that would be help us understand your educational needs: \_\_\_\_\_

<b>PREFERRED CLASS TIME</b>	<b>Monday &amp; Wednesday</b>	<b>Tuesday &amp; Thursday</b>	<b>Saturday</b>
	<input type="checkbox"/> 5pm – 7pm	<input type="checkbox"/> 9am - 11am <input type="checkbox"/> 5pm – 7pm	<input type="checkbox"/> 9am - 1pm



# APPLICATION FOR ENROLLMENT

PLEASE PRINT CLEARLY AND COMPLETE BOTH SIDES OF FORM

THE FOLLOWING INFORMATION IS REQUIRED

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer Address: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
City State Zip

Total Personal Income: \_\_\_\_\_ Total Household Income: \_\_\_\_\_

Number of Dependents (Living at Home): \_\_\_\_\_

Ages of Dependents (Living at Home) : \_\_\_\_\_

I have enclosed proof of income (e.g. Up-to-date Georgia or Federal Income Tax Form, Monthly Social Services statement, etc.), if appropriate. I certify that the above information is true. I give Royce Learning Center permission to contact the people/agencies above to verify stated information. I understand this information will be updated periodically and will remain in a confidential file.

Have you ever been convicted of a felony or misdemeanor, including pleading nolo contendere, or are you now under investigation for any such offense, other than a minor traffic offense?  Yes  No

**Driving While Intoxicated (DWI), Driving Under the Influence (DUI), and similar charges are NOT considered minor traffic offenses.**

Royce Learning Center welcomes students without bias towards race, gender, religion or national origin. The following information helps us secure funding to operate the program.

Gender:  Male  Female  Transgender  Other

Ethnicity:  African American  Asian  Caucasian/White  Hispanic/Latino  Multi-Racial  Other

**I agree to attend each learning session. If I must miss a session, I will notify the Program Coordinator in advance.**

**I also agree to pay my tuition fees prior to attending my second class.**

**If I am unable to pay any part of my fees, I will notify the Program Coordinator and make other agreements.**

**I also understand if I do not complete the full semester, I am still responsible for the full semester fees.**

Print Your Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Relationship to Student: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/20\_\_\_\_