REGISTRATION FORM

Remove this entire page and mail. See instructions on reverse side. Please print clearly your information below.

1. Full Name ______________________________________________

2. Address _____________________________________________ City __________ State _____ Zip __________

3. County of Residence _________________________________ 4. Date of Birth _________________________________

5. Home Telephone ( _____ ) ____________ 6. Cell Phone ( _____ ) ____________

7. E-mail ______________________________________________

8. Sex □ Male    □ Female

9. Social Security Number _____________________________ 10. Ethnicity □ Hispanic □ Non-Hispanic

10. Race □ American Indian/Alaskan Native □ Asian □ Black/African American □ Hawaiian/Pacific Islander □ White

11. Citizenship: □ U.S. Citizen □ Eligible Legal Alien □ Non-Resident Alien

12. Employment Status □ Unemployed □ Full Time □ Part Time

13. Last School Attended ________________________________ Last Grade Completed ____________

14. Student Signature _________________________________ Date __________________

15. I am also interested in: □ Online Program □ Traditional Classes □ English as a Second Language (ESOL)

LESSON 1 ANSWER FORM:

• Carefully remove this page from booklet.

• Follow instructions for folding/mailing on reverse side.

• Tape flap.

• Mail.

We will correct your answers and return them to you. Save your copy of the lesson for reference. Some lesson material will be needed in later lessons.

Name ________________________________

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<th>MATH</th>
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<th>LANGUAGE ARTS</th>
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Please follow step-by-step instructions!

1. FOLD BACK ON LINES

NAME
ADDRESS
CITY  STATE  ZIP

BUSINESS REPLY MAIL
PERMIT NUMBER 2000 JAMESTOWN, NC

POSTAGE WILL BE PAID BY ADDRESSEE

Guilford Technical Community College
Adult Education HP Campus
PO Box 309
Jamestown, NC 27282

2. FOLD BACK ON LINES

Be sure this opening is at the TOP of the envelope!

3. TAPE FLAP HERE