



Career Development Center

SOUTHWEST VERMONT REGIONAL TECHNICAL SCHOOL DISTRICT

Arlington Bennington Dorset Glastenburg North Bennington Manchester Pownal Readsboro Sandgate Searsburg Shaftsbury Stamford Sunderland Woodford

STUDENT INFORMATION		
Last Name:	First Name:	Middle Initial:
Street:		
City:	State:	Zip Code:
Home Phone:	Cell Phone:	
Work Phone:	Employer:	Date of Birth:
Email:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Ethnic Origin (Optional): <input type="checkbox"/> Black (not Hispanic) <input type="checkbox"/> White (not Hispanic) <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other	Education: <input type="checkbox"/> No High School Diploma <input type="checkbox"/> GED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College, no degree <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Graduate Degree	Main reason for enrolling? <input type="checkbox"/> Acquire a specific skill <input type="checkbox"/> Obtain employment <input type="checkbox"/> Upgrade employment <input type="checkbox"/> Apprenticeship <input type="checkbox"/> Personal enrichment <input type="checkbox"/> Have taken classes before <input type="checkbox"/> Other
How did you learn about the programs/class? <input type="checkbox"/> Bennington Banner <input type="checkbox"/> Brochure <input type="checkbox"/> Email <input type="checkbox"/> Employer <input type="checkbox"/> Facebook/Twitter <input type="checkbox"/> Mailing		How do you intend on paying tuition? (check all that apply) <input type="checkbox"/> Student <input type="checkbox"/> Employer <input type="checkbox"/> Grant <input type="checkbox"/> Work Based Learning <input type="checkbox"/> Other _____
<input type="checkbox"/> State/Federal Agency <input type="checkbox"/> VSAC or Voc. Rehab. <input type="checkbox"/> Website <input type="checkbox"/> Friend or Neighbor <input type="checkbox"/> Other _____		<input type="checkbox"/> VA Benefits <input type="checkbox"/> Voc. Rehab. <input type="checkbox"/> VSAC <input type="checkbox"/> WIA – VT DOL <input type="checkbox"/> Worker's Comp

COURSE / PROGRAM INFORMATION				
Course Number	Course Title	Start Date	Time	Tuition
				\$
Tuition must be paid in full or payment arrangements made prior to the start of class.			TOTAL TUITION: \$	
Student Signature: _____				Date: _____
By signing above, the student is agreeing to pay tuition according to the above requirements.				

OFFICE USE ONLY	
Payment Type: <input type="checkbox"/> Check <input type="checkbox"/> Cash (Walk-in registration only) <input type="checkbox"/> Credit card <input type="checkbox"/> Agency _____ <input type="checkbox"/> Other	NOTES:

The Career Development Center does not discriminate on the basis of age, sex, race, disability, sexual orientation, creed, or national origin. Course enrollment does not depend on these characteristics.