



# 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:		EXT:	Employer:		Date of Birth:	
Email:				Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		
<b>Ethnic Origin (Optional):</b> <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		<b>Education:</b> <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		<b>Main reason for enrolling?</b> <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		
<b>How did you learn about the programs/class?</b> <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			<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 _____		<b>How do you intend on paying tuition? (check all that apply)</b> <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"/> 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	
Select Course/ Program:	
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	
<b>Payment Type:</b> <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 _____	<b>NOTES:</b>    

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.