



**PRINT CLEARLY**—Your name as it appears on your Driver's License

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ SSN: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_ Exp. Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**The following information is required by the U.S. Department of Education:**

- White, Non-Hispanic (1)
- Asian or Pacific Islander (2)
- American Indian/Alaskan Native (3)
- Black, Non-Hispanic (4)
- Hispanic (5)

*To be completed by IEC staff*

Term: 18/FA

<b>PROGRAM INFORMATION:</b>	VOC.BCV	VOC.BCV Co-Op
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COURSE INFORMATION:	Course		Course	
	Prefix/Number	Section Number	Prefix/Number	Section Number
	<b>0871</b>		<b>0950</b>	

***I declare under penalty of perjury (punishable by law as a misdemeanor under §837.06, Florida Statutes) that the information contained on this form are true and correct to the best of my knowledge and belief.***

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