

Class Title: _____

Harrison County Lifelong Learning, Inc. Course Registration Form

Please print:

Name: _____
 First M.I. Last

Address: _____
 Street City State Zip

Phone: (____) _____

Email: _____

Age Range: under 18 18-24 25-49 50-65 66+

Educational Background:

- No High School Diploma High School Diploma GED/Equivalency
 Some College Two Year Degree Four Year Degree Post Graduate

Work Status:

- Full-Time Part-Time Unemployed Retired

Company/Employer's Name: _____

How did you hear about Harrison County Lifelong Learning?

- Newspaper/Radio Advertisement Brochure/Flyer Employer
 Internet/Social Media Friend/Family Other _____

What additional services would you be interested in learning about?

- Adult Education High School Equivalency Testing Post-Secondary Education
 Computer Education Workforce Certification Training WorkOne/Job Search
 Other _____