Qı	uarter: Day: M/W or					
	P P					
Da	te Received in Adult Ed	Received By				
TODAYS DATE:						
		Registration For	m for Driver Education	on		
Las [.]	Name	First Name	e	Middle Name		
Dat	e of Birth Age	e Sex: M	F Other			
	ress					
	ne Phone					
	ent Email					
	dent Email)	
	ich High School do you attend?			-		
EM(ergency Contact Name & Phone				_ (please print clearly)	
		DATA	COLLECTION			
	State of New Hampshire requires tha			ogram. This informati	ion will be kept	
con	idential and used to help improve ou	r programs. Please a	inswer all questions.			
1.	Do you speak a language other than Englis	sh? Yes Please list	t:		No	
2.	Race (check all that apply): American India	an or Alaska Native	Asian Black or Af	rican American		
	Native Hawaiia	n or Other Pacific Islan	der White			
3.	Ethnicity: Hispanic or Latino Not H	spanic or Latino				
4.	Do you have access to the internet at hon	ne? Yes No				
	If no check the reason: Internet is not ava		am unable to pay for interi	net access		
	Check all devices you have at home: cell p					
5.	Employment: Employed Employer Na	ıme	Hourly Rate	Unemploved	Not in Labor Force	
			,			