PLEASE OPEN THIS FORM IN ADOBE ACROBAT



WORKFORCE & PROFESSIONAL EDUCATION

College Drive • P.O. Box 2001 Toms River, NJ 08754-2001 PHONE 732-255-0409 TTY & VOICE RELAY 711

OCEAN COUNTY ACHIEVEMENT CENTER INQUIRY FORM FOR CLASS

Please write your interest below: High School Diploma Prep, ESL Class, ESL & Culinary, ESL & Customer Service, ESL & Computers

Participant Information						
Legal first name:	Middle initial:	Middle initial: Legal last name:				
Birth date:	Age:	Sex: □ Male □ Fe	male	Social Security Nu	mber	
Address:						
City:				State:	Zip:	
Cell phone number:		Home phone number:				
Email:						
With whom do you live?						
Parent/Guardian Information (If partic	ipant is 16-17 years	s old)				
First name:		Last na	ame <u>:</u>			
Relationship:		Cell phone num	ber:			
Address:						
						City:
				State:	Zip:	Email:
Participant Education						
☐ No diploma ☐ High School Equivale	ency □ High Schoo	ol Graduate □ College Gradua	te High	nest grade completed: _	Year completed:	
Participant Employment						
Employer name:		Locatio	on:			
☐ Full-time ☐ Part-time Hours per	week:	Hourly rate:		Start date:		
☐ Not Working Reason:						
Participant Essential Information						
Do you need special accommodations fo	or learning, ADD, AD	HD, or physical disability? □ Y	es □N	lo		
Do you have an IEP/Special Education (II	ndividualized Educ	ation Plan)? □ Yes □ No				
Do you have any allergies? ☐ Yes ☐ N	lo					
Explain:						
Do you have any medical conditions that	t we need to know	about? □ Yes □ No				
Explain:						

Please answer the following questions:						
Do you have transportation? ☐ Yes ☐ No						
□Bus □Car □Taxi □Uber □Parent □Walk □Bike □Friend						
What transportation issues do you have? Explain:						
Career interest:						
To further my career I would prefer: ☐ Short term training ☐ Vocational training ☐ College courses ☐ Trade school						
Emergency Contact						
Name:	Relationship:					
Address:						
City:	State:	Zip:				
Cell phone number: F	Home phone number:					
Email:						
	Relationship:					
Address:						
City:						
Cell phone number: I	•					
Email:						
Additional participant/family information:						

Please email the completed form to achievementcenter@ocean.edu.

For questions, please call 732-255-0400 ext. 2354.

