NextWork Independent Living Classes
Registration Form

Student Information

Name:		Date:	
Gender:		Ethnicity: (optional)	
DOB:	Age:	Height:	Shirt size
SSN: (optional)		Eye Color:	
Address:		Hair Color:	
City/State/Zip:		Email:	
Birthplace:		Phone Number:	
Do you have a Vocational Rehabilitation Counselor?		Yes ☐	No ☐
Emergency Contact Name:		Phone Number:	

Enter the information below for each term the student wishes to attend classes.
Send this completed form to awadsworth@columbusserves.org

Term and year		
Class Title	Day of the Week	Time

Term and Year		
Class Title	Day of the Week	Time

Term and Year		
Class Title	Day of the Week	Time

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Class Title	Day of the Week	Time

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