

WorkKeys Assessment Registration Form



Woodstock High School ~ Friday, 2/6/09 Room #_Student Services_____

PLEASE PRINT CLEARLY

Personal Information:

First Name:

Middle Name:

Last Name:

Date of Birth:

Mailing Address:

City:

State:

ZIP Code:

Contact Information:

Telephone:

E-mail: (Please enter best e-mail for contact/training confirmation purposes.)

Educational and Other Information:

What is the highest level of education completed?

11th Grade 12th Grade Dual enrollment –11th Grade & College Dual enrollment—12th Grade & College

What is your highest diploma/degree?

None High School

Gender:

Male Female

Race:

African-American/Black, (non-Hispanic) Mexican American/Chicano Multiracial
 American Indian, Alaskan Native Asian American, Pacific Islander Other
 Caucasian American/White (non-Hispanic) Puerto Rican, Cuban, Other Hispanic Origin I prefer not to respond

Examinee ID: (**Last three digits of 6-digit social security number plus 6-digit birth date.**)

County of Residence:

Skills Assessment/Training Sessions:

Please check the county nearest to you in order to take the assessment: Cherokee

*By signing below, I hereby give permission for my son/daughter listed above to take the **WorkKeys** Assessment. Furthermore, I authorize the sharing of his/her scores and release of above information between Appalachian Technical College, Cherokee County School District and ACT for the purpose of attaining a **Georgia Work Ready Certificate**.*

Parent/Guardian Signature

Date