**EZ-Start**

**E-Z START CONTACT SHEET**

**Beginning**

**October 5, 2020**

**Please email this form to** [**mrichards@wvregion2.org**](mailto:mrichards@wvregion2.org) **or take a picture of it and text it to 304-962-2505.**

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| --- | --- | --- | --- |
| **Student Name** | | **Date of Birth (mm/dd/yyyy)** | |
| **Current Mailing Address** | | | |
| **City: State: Zip Code:** | | | |
| **Email:** | | | |
| **Telephone Numbers: (please included area codes)** | | | |
| **Home:** | **Work:** | | **Cell:** |
| **High School Diploma and/or GED: (please list name of school and graduation date. For GED, please list completion data or anticipated completion date.** | | | |
| **High School/Graduation Date** | | **GED Completion/Anticipated Completion** | |
| **Previous College Experience: (please circle one)**  **Yes No If so, name of college and year:** | | | |
| **Currently Employed: (please circle one)**  **Yes No If so, part-time or full-time:** | | | |
| **What days best fit your schedule?**  **Note: Class schedule will be announced based on the need of interested participants.**  **(please circle at least two)**  **Monday Tuesday Wednesday Thursday Friday**  **What times best fit your schedule?**  **(please circle one or more)**  **Mornings Afternoons Evenings** | | | |

**US Citizen or Permanent Resident Yes \_\_\_\_\_\_ No \_\_\_\_\_\_\_\_**