



Basic Skills Training

Free Training at Brookdale Community College Starting in April

Please share this with anyone you know who works at least 30 hours per week at any business in Monmouth County. To register, complete the attached form and fax to 732-224-2444 no later than April 7. Call 732-224-2796 for more information.

Basic Skills Mathematics

Review and improve the essential skills related to addition, subtraction, multiplication, division, fractions, decimals and ratios.

Thurs, Apr 20-Jun 8, 6-10pm, Freehold

Course Code: XPRAG 056

Basic PC Skills

Learn the fundamentals of PC use in these hands-on sessions.

Topics include; Internet, Windows, Word and E-mail.

Wed, Apr 19-Jun 7, 6-10 pm, Freehold

Sat, Apr 22-Jun 10, 8:30 am-12:30 pm, Long Branch

Course Code: XCOMO 039

Seating is limited - Sign up today!

New Jersey Community College Consortium Statewide Literacy Grant REGISTRATION FORM/FORMULARIO DE INSCRIPCION

New Jersey Community College Consortium
For Workforce & Economic Development
330 West State Street
Trenton, NJ 08618
Phone: 609 392 3434/Fax 609 392 8158

Legal Name/Nombre Legítimo: _____
Last/ Apellido
First/Nombre
Middle/Inicial

Employer/Empleador: _____ Number/Numero _____ Street/Calle _____

City/Ciudad _____ State/Estado _____ Zip Code/Código Postal _____ County/Condado _____

Title/Título: _____

Home Address/Dirección: _____
Number/Número
Street/Calle - Carretera

City/Ciudad _____ State/Estado _____ Zip Code/Código Postal _____ County/Condado _____

Telephone Number/Teléfono: Home/ Residencia: _____ - _____ - _____ Work/ Negocio : _____ - _____ - _____

Email Address/Dirección Electrónica: _____

Social Security Number/Seguro Social – Número _____ - _____ - _____

College/Colegio: _____ Course Title/Nombre del Curso: _____ Start Date/Fecha de Iniciación _____

Information concerning age, gender, and ethnic background is for federal reporting purposes and is optional. It does not affect admission to this program

Datos referentes a edad, sexo o grupo étnico, son de propósito e información federal, además son opcionales. Esto no afecta su admisión a este programa.

Ethnicity/Etnicidad **Sex/Sexo** * Male * Female
 * Asiático Americano/Asiático/Isleño del Pacífico Date of Birth/Fecha de Nacimiento ____/____/____
 * Afro- Americano/Africano
 * Hispánico/Hispano Americano/Latino/Chicano/Español
 * Nativo Americano/Indio Americano/Nativo de Alaska
 * Blanco/Caucásico/Europeo

The following statement is in accordance with the higher education act. Please read carefully and sign.
La siguiente declaración está en conformidad con el Decreto de Educación Superior. Por favor, léalo cuidadosamente y firmelo:

I grant permission to the Community College Consortium for Workforce & Economic Development & Member Colleges to share information including the transfer of grades, credits, and other academic records, where applicable, among other organizations and/or agencies/businesses that provide tuition funding for this training.

Yo otorgo permiso al "Community College Consortium for Workforce & Economic Development & Member Colleges" para compartir información que incluya transferencia de calificaciones, créditos y otros antecedentes académicos pertinentes con otras organizaciones, agencias y negocios que provean asistencia financiera para este entrenamiento.

Signature/Firma _____ **Date/Fecha** _____

