

Continuing Education Registration Form

Class Number _____ Class Title _____

Student Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: Home: _____ Cell: _____ Business: _____

Email: _____ Student ID#: _____

Social Security Number: _____ Birth Date: _____

Gender: M F Race: American/Alaska Native Asian Black/African American White
 Hispanic/Latino Hawaiian/Pacific Islander

Education

High School graduate? YES NO
 If No, Circle Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12

High School Name and Location (For 16-18 years only): _____

Highest Level of Education: GED Diploma Adult HS One Year Vocational Diploma
 Associate Degree Bachelor's Degree Master's Degree or Higher

Employment

Employment Status:
 Full-Time Part-Time Retired Unemployed (not seeking) Unemployed (seeking)

Emergency Contact

Name: _____ Relationship: _____

Phone: _____

Alive@25 Students only

Driver's License Number: _____ Citation Number: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

I understand that payment is expected at the time of registration and that registration is not complete until payment is made.

Signature: _____ Date: _____

Completed forms with payment can be mailed to: OR faxed to: (910) 692-6998
Sandhills Community College
Attn: Continuing Education
3395 Airport Road
Pinehurst, NC 28374

Call (910) 695-3980 to pay by credit card.