ISOTHERMAL COMMUNITY COLLEGE CONTINUING EDUCATION

STUDENT REGISTRATION FORM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE:      CLASS:

LOCATION:      DAYS:      TIME:

BEGINNING DATE:      SEMESTER:

ENDING DATE:      INSTRUCTOR:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Last First Middle

2. SOCIAL SECURITY NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City State ZIP

4. E-MAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. COUNTY OF RESIDENCE: [ ] Rutherford [ ] Polk [ ] Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. DATE OF BIRTH: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ 7. GENDER: [ ] Male [ ] Female

8. RACE: [ ] Black [ ] White [ ] Hispanic [ ] Indian [ ] Asian

9. HOME PHONE: ( ) \_\_\_\_-\_\_\_\_\_\_\_\_\_ 10. BUSINESS/CELL PHONE: ( ) \_\_\_\_-\_\_\_\_\_\_\_\_\_\_

11. HIGHEST GRADE COMPLETED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

12. EMPLOYMENT: [ ] (E1)Employed 1-10 hrs/wk [ ](E2) Employed 11-20 hrs/wk [ ] (E3)Employed 20-39 hrs/wk

[ ] (E4)Employed 40 + hrs/wk [ ] (R)Retired [ ] (UN)Unemployed, not seeking work [ ] (US)Unemployed, seeking work

13. EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 14. OCCUPATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

15. HAVE YOU TAKEN A CLASS IN THE LAST YEAR? [ ] YES [ ] NO

16. I AM CURRENTLY A NORTH CAROLINA RESIDENT [ ] YES [ ] NO

17. I HAVE LIVED IN NORTH CAROLINA FOR THE PAST TWELVE MONTHS [ ] YES [ ] NO

18. SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

COURSE RECEIPT

Law Enforcement   
Firefighter   
EMS

$ \_\_\_\_\_\_\_\_\_\_ REGISTRATION FEE RECEIVED FROM THE ABOVE STUDENT

Sworn Officer \_\_\_ Firefighter\_\_\_  
EMS\_\_\_\_

Sworn Officer \_\_\_ Firefighter\_\_\_  
EMS\_\_\_\_

Sworn Officer \_\_\_ Firefighter\_\_\_  
EMS\_\_\_\_

Sworn Officer \_\_\_ Firefighter\_\_\_  
EMS\_\_\_\_

Sworn Officer \_\_\_ Firefighter\_\_\_  
EMS\_\_\_\_

$ \_\_\_\_\_\_\_\_\_ REGISTRATION FEE TO BE BILLED TO \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

$\_\_\_\_\_\_\_\_\_\_ OTHER \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ] FEE EXEMPT DEPT NAME\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_POSITION

**\*PLEASE CHECK ONE OF THE FOLLOWING: [ ]VOLUNTEER OF DEPT. [ ]EMPLOYEE OF DEPT.**

VERIFIED/RECEIVED BY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_