



# Registration Form for Continuing Education Courses

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**Important:** The information collected on this form will be kept confidential and used only for legitimate College purposes including registration for courses, maintenance of student permanent record (transcript) and reports required by the State of North Carolina and the federal government.

**Please Print Clearly**

**UNSIGNED OR INCOMPLETED FORM WILL NOT BE PROCESSED!**

Course CID # \_\_\_\_\_

Course Title: \_\_\_\_\_  
\_\_\_\_\_

Registration Fees: Tuition  Materials

Registration Fees: Technology  Other:

**Accident Insurance** covering the hours in College and transportation to and from the class site is available for \$1.25. Do you want accident insurance?  Yes  No **Note:** Insurance required for some courses.

Full Name:

Address:

Apartment #:

City:  ZIP:

State:  County:

DCCC Student ID Number: \_\_\_\_\_

Social Security Number (optional)  -  -

Date of Birth:  /  /  AGE:   
Month Day Year

Race:  American/Alaska Native  Asian  Black or African American  
 Hawaiian/Pacific Islander  White

Ethnic:  Hispanic/Latino  Non Hispanic/Latino

Gender:  Male  Female

Home Phone: (\_\_\_\_) \_\_\_\_\_

Other Phone: (\_\_\_\_) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**STUDENT SIGNATURE:**

**Date:**

Employment:  Retired and not employed  
 Unemployed - not seeking employment  
 Unemployed - seeking employment  
 Employed 1 - 10 hours per week  
 Employed 11 - 20 hours per week  
 Employed 21 - 39 hours per week  
 Employed 40 or more hours per week

Highest level of education completed (1-12): \_\_\_\_\_

Or check one:  High School Graduate  
 Adult High School Diploma  
 GED Graduate  
 Post High School Vocational Diploma  
 Associate Degree  
 Bachelor's Degree  
 Master's Degree or Higher

Are you taking this course to prepare for Certification or Re-Certification?  Yes  No

If no, have you taken this course more than twice during the last five years?  Yes  No

If you are **fee exempt** for this course, **YOU MUST indicate agency affiliation or YOU will be responsible for payment!**

Paid Firefighter  Law Enforcement  
 Volunteer Firefighter  Civil Preparedness  
 Paid EMS/Rescue  Senior Citizen  
 Volunteer EMS/Rescue  Other:

Agency Affiliation: \_\_\_\_\_

If this is to be **billed** to an agency, please complete this section (Authorization on company letterhead must be attached with this registration form.)

Attention Of: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

**STUDENTS 16 OR 17 MUST PRESENT A DUAL ENROLLMENT FORM AT TIME OF REGISTRATION FOR ANY CONTINUING EDUCATION COURSE**