



Corporate and Community Education

## STUDENT REGISTRATION FORM

Contract #: \_\_\_\_\_

1. Course Title: \_\_\_\_\_

2. Instructor: \_\_\_\_\_

3. Full Legal Name: \_\_\_\_\_  
First Name Middle Initial Last Name

4. Mailing Address: \_\_\_\_\_ 5. City: \_\_\_\_\_

6. State: \_\_\_\_\_ Zip: \_\_\_\_\_ 7. Residence: State \_\_\_\_\_ County \_\_\_\_\_

8. Phone Number: Home: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

9. Birthdate: \_\_\_\_\_ 10. Social Security or Student ID# \_\_\_\_\_

11. Email: \_\_\_\_\_ 12. Sex: (check one) Male Female

13. Ethnicity: (check one if it applies to you)

Non-Hispanic Latino Mexican  
Hispanic/Latino Puerto Rican  
Non-Resident Alien

14. Employment: (check one)

Retired (R)  
Unemployed/Not Seeking Work  
Unemployed/Seeking Work  
Employed 1-10 hrs/week  
Employed 11-20 hrs/week  
Employed 21-39 hrs/week  
Employed 40+ hrs/wk

15. Highest Education Level: (check one)

\_\_\_\_ Non-Graduate – Enter highest grade completed 0-11  
\_\_\_\_ GED/HS School Equivalency  
\_\_\_\_ High School Graduate  
\_\_\_\_ Adult High School Diploma  
\_\_\_\_ One Year Vocation Diploma  
\_\_\_\_ Associate Degree  
\_\_\_\_ Bachelor's Degree  
\_\_\_\_ Masters Degree or Higher

16. Employer: \_\_\_\_\_

**Complete this section only if you are taking this class as part of your public safety job and course qualifies for fee waiver:**

**Your Position & Name of the Agency/Dept/Team requiring this training:**

**Job Classification:**

Firefighter (Vol Agency)	LE Officer
Firefighter (County/State/Municipality)	Detention Officer
EMS Responder (Vol. Agency)	Named in EOP
EMS Responder (County/State/Municipality)	Sponsored BLET
Emergency Management Personnel	
Telecommunicator/Dispatcher	
Other _____	

17. Race: (check one)

White  
Black/African American  
Asian  
American/Native Alaskan  
Hawaiian/Pacific Islander  
Asian/Pacific Islander

18. Military Status (Check if it applies to you)

Veteran Status ACTIVE RETIRED

Active Duty Dependent Yes No

Active Duty Branch Army Air Force Marines Navy Coast Guard National Guard

19. I affirm that I am the person requesting registration in the above named class.

\_\_\_\_\_  
(Print Name)

\_\_\_\_\_  
(Date)