

Continuing Education Registration Form

Post Office Box 309, Jamestown, NC 27282 336-334-4822

Term: _____

IMPORTANT: Please print clearly, respond to all questions completely, and sign registration form.

Incomplete or unsigned Registration Forms cannot be processed!

Payment: No confirmation will be sent. You will be notified only if the class is full or cancelled. Total Payment: \$ Check one: *Check Money Order Master Card Visa Discover AmEx *Make check or money order payable to: GTCC Card Holder's Name: Card Holder's Signature:	Course:			Date:			
Course:		Number (Code)	Title		Begin	End	
Course: Number (Code) Title Begin End			Fee: \$				
Number (Code) Fee: \$		Location			Meeting		
	Course:			Date:			
Social Security #:		Number (Code)	Title		Begin	End	
Social Security #:			Fee: \$				
Name: Last		Location			N	leeting	
Name: Last	Social Security #: (*Used for reporting purposes only)						
Address: Street, P.O. Box, Route City State Zip Code	-				3 1 1 1 1 1 1 1 1 1	21	
County of Residence: Date of Birth: Month Day Year			First		Middle		
E-mail Address: Phone: 1. Home Day Year	·	,	ŕ		State	Zip Code	
Sex:	County of Reside	ence:	N		Day	Year	
Ethnicity:	E-mail Address:		Phone.				
Employment:	Ethnicity: ☐ 1. Hispanic/Latino ☐ 2. Non Hispanic/Latino ☐ 4. Hawaiian or Pacific Islander ☐ 5. White ☐ 6. Other The highest education level that best describes you: 0 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ (Highest Grade Completed – Non-high School Graduate) ☐ 1. American/Alaska Native ☐ 2. Asian ☐ 3. Black or African American ☐ 5. White ☐ 6. Other 14 ☐ Vocational Diploma 15 ☐ Associate Degree 16 ☐ Bachelor's Degree						
Unemployed – Not Seeking (UN) Unemployed – Seeking (US) Inmate Please check one: I certify that I am at least 18 years old and not enrolled in public school or I am under 18 and have provided a Minor Release Form to the Continuing Registration Office Payment: No confirmation will be sent. You will be notified only if the class is full or cancelled. Total Payment:	_		_	ee or Highe			
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*Make check or money order payable to: GTCC Card Holder's Name: Card Holder's Signature:	Payment:					elled.	
Cord Number							
Card Number: Exp. (MM / YY)	Card Holder's Name:		Card Holder's Signatur	e:			
	Card Number:			Exp. (N	MM / YY)		
BY MY SIGNATURE, I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.							
Student Signature: Date:							
FOR OFFICIAL USE ONLY							

Colleague ID Number : _____