

Continuing Education Registration

NEW STUDENTS complete all information below.

RETURNING STUDENTS provide only **SS#, name, date of birth, signature and any changes.**

Please print or type:

Last Name		First Name		Middle Initial	Maiden
Mailing Address			City	State	Zip Code
PHONE: Home		Business		Cell	
SSN (for student identification purposes ONLY) _____ - _____ - _____			Date of Birth (Month/Day/Year)		Are you a full time resident of North Carolina? <input type="checkbox"/> Yes <input type="checkbox"/> No
			E-Mail:		
Race	Gender	High School Name		Employment Status	
<input type="checkbox"/> 1. White	<input type="checkbox"/> Male <input type="checkbox"/> Female			<input type="checkbox"/> 1. Retired (R)	
<input type="checkbox"/> 2. Black	Circle Highest Grade Completed	0 1 2 3 4 5 6 7 8 9 10 11 12		<input type="checkbox"/> 2. Unemployed –not seeking (UN)	
<input type="checkbox"/> 3. Indian	High School Graduation Date _____			<input type="checkbox"/> 3. Unemployed- seeking (US)	
<input type="checkbox"/> 4. Hispanic	<input type="checkbox"/> GED <input type="checkbox"/> Adult High School <input type="checkbox"/> 1-Yr. Vocational Diploma			<input type="checkbox"/> 4. Employed 1-10 hours (E1)	
<input type="checkbox"/> 5. Asian	<input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree			<input type="checkbox"/> 5. Employed 11-20 hours (E2)	
<input type="checkbox"/> 6. Other	<input type="checkbox"/> Masters Degree or Higher			<input type="checkbox"/> 6. Employed 21-39 hours (E3)	
				<input type="checkbox"/> 7. Employed 40 or more hours per week (E4)	
<i>I certify that the information above is true and accurate and that my legal residence for tuition purposes is as shown.</i>					
SIGNATURE:			DATE:		

Course #	Date(s)	Course Title	Days							Time	Location	Registration Fee
			M	Tu	W	Th	F	Sa	Su			

*I confirm that I am a Sworn Law Enforcement Officer through:

_____ (Agency/Agencies)

**If sworn through two agencies, please list both agencies.*

Please provide Supervisor's Name: _____

Supervisor's Phone Number: _____

****THIS FORM MUST BE RECEIVED AT LEAST FIVE DAYS PRIOR TO BEGIN DATE OF THE CLASS****

Please return this signed form to:

E. Daleene Parton, Coordinator of Public Safety Training
Haywood Community College
185 Freedlander Drive
Clyde, NC 28721

Fax to:

828-565-4102

Email:

dparton@haywood.edu

Once Class begins, go to www.haywood.edu and click on Distance Learning at the top of the page. Then log in to Blackboard.