

Public Safety Registration Form
Fire/Law/EMS Courses Only

Student Information



Shaded Areas Required

Last Name		First Name		M. I.	Maiden Name
Mailing Address		City	State	Zip Code	County
Primary Phone		Secondary Phone		Business Phone	
SSN (Public Safety Fee Waiver Requirement)		Date of Birth (MM/DD/YYYY)		Gender Male <input type="checkbox"/> Female <input type="checkbox"/>	
Are you a full time NC resident? Yes <input type="checkbox"/> No <input type="checkbox"/>		High School Name		Employment Status <input type="checkbox"/> Retired (R) <input type="checkbox"/> Unemployed – not seeking (UN) <input type="checkbox"/> Unemployed Seeking (US) <input type="checkbox"/> Employed 1 – 10 Hours (E1) <input type="checkbox"/> Employed 11 – 20 Hours (E2) <input type="checkbox"/> Employed 21 – 39 Hours (E3) <input type="checkbox"/> Employed 40 or more hours per week (E4)	
Ethnic Origin <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic		Check the highest grade completed 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/>		E-mail Address	
Select One or More Races: <input type="checkbox"/> American/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White Prefer not to disclose		High School Graduation Date <input type="checkbox"/> GED <input type="checkbox"/> Adult High School <input type="checkbox"/> 1-Year Vocational Diploma <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or Higher			

Course Information

Course Number		Course Title		Cost of Class	Fees
Dates	Times (Specify AM or PM)	Location	Days (Check all that apply) M <input type="checkbox"/> Tu <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> Sa <input type="checkbox"/> Su <input type="checkbox"/>		

Fee Waiver Information

Agency Name – No Abbreviations		
Job Classification		
<input type="checkbox"/> Firefighter Volunteer Agency	<input type="checkbox"/> EMS Responder Volunteer Agency	<input type="checkbox"/> Emergency Management Personnel
<input type="checkbox"/> Firefighter County/State/Municipal Agency	<input type="checkbox"/> EMS Responder County/State/Municipal Agency	<input type="checkbox"/> Named in EOP
<input type="checkbox"/> Telecommunicator/Dispatcher	<input type="checkbox"/> LE Officer	<input type="checkbox"/> Sponsored BLET
<input type="checkbox"/> Detention Officer		
<input type="checkbox"/> DACJJ Certified Officer: Specific Title with DACJJ _____		
<input type="checkbox"/> Other _____		
<p>Please Flip Over and Complete the Remainder of the Registration on the Back </p>		

Public Safety Registration Form

SIGNATURE: _____

DATE: _____

By signing this form, student agrees the information above is true and accurate and the legal residence given for tuition purposes is as shown. Student agrees to abide by the HCC Policies and Procedures and the Student Code of Conduct. Unprofessional behavior can place student's participation in jeopardy and will be viewed as grounds for dismissal. A complete guide to conduct can be found on our website. Student agrees to allow HCC to publish photographs, video footage and personal information pertaining to news releases or other publications or media normally considered to be that of a two-year college unless a disclaimer has been filed with the Director of Enrollment Management.

I agree that my signature attests that I am actively affiliated with the public safety agency listed and that I hold the job classification indicated.

Supplemental Student Accident Insurance

As a registered student of a Continuing Education Course you have the option of purchasing Supplemental Student Accident Insurance for \$1.25 per semester.

TERM I Jan-1-May15

TERM II May 16-Aug 15

TERM III Aug 16-Dec. 31

- Yes, I would like to purchase Supplemental Student Accident Insurance
 No, I would not like to purchase Student Accident Insurance

Date: _____ Amount Enclosed \$ _____

- Check Money Order Cash
 3rd Party Billing (Authorization Required)

Please check all information before mailing. Course number must be accurate to ensure proper placement in class. Send check or money order made payable to Haywood Community College (no cash, please) to:

Mail-In Registration
Haywood Community College
185 Freedlander Drive
Clyde, NC 28721
(828) 627-4505
Fax: (828) 627-8396
E-mail: HCC-WCE@haywood.edu

*****All registration forms should be mailed, faxed or returned to the main campus in person. If you choose to email this form be aware that email is not secure and subject to North Carolina Public Records Law. This registration form does not guarantee your enrollment into the class. Some Public Safety courses have external agency requirements that may not be listed *****

Contact Us

General Information
Shannon Brown
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ssbrown@haywood.edu

Emergency Medical Services
Krystal Shuler
828-565-4103
HCC-emstraining@haywood.edu

Law Enforcement Training
Fred Clontz
828-565-4548
HCC-lawenforcementtraining@haywood.edu

Fire/Rescue Training
Dee Massey
828-565-4247
HCC-firetraining@haywood.edu