

Student Registration – Defensive Driving



Student Information

Payment and Registration for Defensive Driving must be done in person. Registration will end the Thursday before each class. Anyone registering after this date will need approval from the Dean of Workforce Continuing Education.

Last Name	First Name	M. I.	Maiden Name
Mailing Address	City	State	Zip Code County
Primary Phone	Secondary Phone	Business Phone	
Date of Birth (MM/DD/YYYY)	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security Number (Required by NCDMV)	
Are you a full time NC resident? Yes <input type="checkbox"/> No <input type="checkbox"/>	High School Name	Employment Status	
Ethnic Origin <input type="checkbox"/> Hispanic/Latino <input type="checkbox"/> Non-Hispanic 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	Check the highest grade completed 1 <input checked="" 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"/> 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	<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)	
		E-mail Address	

Course Information

Course Number	Course Title	Cost of Class	Fees

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 viewed here: http://www.haywood.edu/policies_and_procedures/policy/6/7 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.

Please turn the page over to complete the registration form 

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Driver's License Number: _____ State issued: _____

Reason for taking the class (IE Citation, education, safety) _____

If you are taking the class due to a citation, what was the citation for? _____

Court Date: _____ County/State where citation occurred: _____

(For Office Use Only) Verified in H&SC by _____ Date _____ Colleague ID

_____ Entered in Colleague by _____ Date _____

For more information on HCC's Continuing Education Courses please visit our website at:

<https://www.haywood.edu/instruction/workforce-continuing-education>

Contact Us

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Dean of Workforce Continuing Education
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