



REGISTRATION FORM

CONTINUING EDUCATION

CONTRACT #:		DATATEL #:	
Legal Name (PRINT) Last [REDACTED]		First [REDACTED]	Middle Initial [REDACTED]
Mailing Address		City	State Zip
County [REDACTED]	Home Phone	Cell Phone	Work Phone & Ext
Date of Birth	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Educational Level (choose <u>highest</u> level completed):	
Ethnic Background: <input type="checkbox"/> Non Hispanic/Latino <input type="checkbox"/> Hispanic /Latino		<input type="checkbox"/> First grade <input type="checkbox"/> Second grade <input type="checkbox"/> Third grade <input type="checkbox"/> Fourth grade <input type="checkbox"/> Fifth grade <input type="checkbox"/> Sixth grade <input type="checkbox"/> Seventh grade <input type="checkbox"/> Eighth grade <input type="checkbox"/> Ninth grade	<input type="checkbox"/> Tenth grade <input type="checkbox"/> Eleventh grade <input type="checkbox"/> Graduated from high school <input type="checkbox"/> GED Diploma <input type="checkbox"/> Adult HS Diploma <input type="checkbox"/> One Year Vocational Diploma <input type="checkbox"/> Associate's Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or Higher
Race (choose one or more): <input type="checkbox"/> White <input type="checkbox"/> Black/African American <input type="checkbox"/> Asian <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> American/Alaska Native		Employment Status: <input type="checkbox"/> E1 Employed 1 – 10 hours <input type="checkbox"/> E2 Employed 11-20 Hours <input type="checkbox"/> E3 Employed 21-39 Hours <input type="checkbox"/> E4 Employed 40 or more <input type="checkbox"/> Unemployed-Not Seeking <input type="checkbox"/> Unemployed-Seeking <input type="checkbox"/> Retired	

WAIVER OF ACCIDENT INSURANCE: Optional student accident insurance is available to all students enrolled in courses at Rowan Cabarrus Community College at a cost of \$2.55. Payment is due at the time of registration. Initial here if you do not wish to purchase the insurance. _____

EMS/FIRE/Law Enforcement Dept. use only Department:

Student email address:

I certify that I am 18 years of age or older and not enrolled in public schools. I authorize class information be released to appropriate certifying agency and/or Dept. Officer.	I certify that I am 18 years of age or younger, enrolled in public school, and have provided a dual enrollment form from my high school.
Signature _____ Date _____	Signature _____ Date _____

DATATEL ID #	COURSE CODE/SECTION:	COURSE TITLE:
Days	Time	Start Date End Date
Instructor	To register by mail, complete, attach payment and mail to: Rowan Cabarrus Community College Con-Ed Registration, North Campus PO Box 1595 Salisbury, NC 28145-1595 To register by email & pay by credit card: complete form and email to coned@rowancabarrus.edu	
Location		

FOR OFFICE ONLY

Payment amount \$ _____ to be paid by: <input type="checkbox"/> check /check # _____ <input type="checkbox"/> cash <input type="checkbox"/> billing/sponsorship <input type="checkbox"/> credit card/card type _____ CC # _____ Exp date: _____ Name on card: _____ Signature _____ Date fee to Bus. Office: Employer Name if paid by Employer:	Waiver? <input type="checkbox"/> CESEN <input type="checkbox"/> CENSN <input type="checkbox"/> C EHRD <input type="checkbox"/> CEPL <input type="checkbox"/> CEPFR <input type="checkbox"/> CEPVFR <input type="checkbox"/> CEPRS <input type="checkbox"/> CEVRS <input type="checkbox"/> College Employee (CEOTH) <input type="checkbox"/> CECOR CONTRACT #: Data entry by: Data entry date
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