



Corporate and Continuing Education Registration Form

Legal Name: _____

Educational Level: Choose Highest Grade Completed

Other Names Used: _____

- First Grade
- Second Grade
- Third Grade
- Fourth Grade
- Fifth Grade
- Sixth Grade
- Seventh Grade
- Eighth Grade
- Ninth Grade
- Tenth Grade
- Eleventh Grade
- Graduated from High School
- GED Diploma
- Adult HS Diploma
- One Year Vocational Diploma
- Associate's Degree
- Bachelor's Degree
- Master's Degree or Higher

Address: _____

Primary Phone: _____ Secondary Phone: _____

Email: _____

Date of Birth: _____ County: _____

Race:

Gender:

- White
- Black or African American
- Asian
- Hawaiian\Pacific Islander
- American\Alaska Native
- Unknown

- Male
- Female

Ethnic Background:

- Non-Hispanic\Latino
- Hispanic\Latino

Current Employment Status:

- E1 Employed 1-10 hours
- E2 Employed 11-20 hours
- E3 Employed 21-39 hours
- E4 Employed 40 or more
- Unemployed
- Retired

EMS\FIRE\Law Enforcement Classes Only

Name of Department\Agency: _____ SS #: _____

Waive of Accident Insurance: Optional student accident insurance is available to all students enrolled in courses at Rowan-Cabarrus Community College at a cost of \$2.43. Payment is due at the time of registration. Initial here if you do not wish to purchase the insurance. ____

- 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 Department Officer.
- or**
- I certify that I am 18 years of age or younger, enrolled in public school, and have provided dual enrollment form from my high school

Signature: _____ Date: _____

To register by Mail, complete, attach cash or check payment and mail to:

Rowan-Cabarrus Community College
 Navigation Station
 P.O. Box 1595
 Salisbury, NC 28145-1595

Payment Method: Payment is due at the time of registration

- Cash
- Check # _____
- Credit Card
- Billing\Sponsor

Please email coned@rccc.edu for questions

For Office Use Only

Datatel ID: _____ Contract Number: _____ Director: _____ Fee: _____

Course Name\Code: _____

Start\End Date: _____ Time: _____ Days: _____

Location: _____ Instructor: _____

Waiver Code: CEPFR CEPRS
 CEVFR CEPLW
 CERCT CEVRS
 CECPR CECOR
 CEDJJ Other: _____

Entered in Datatel By: _____ Date: _____