



# Continuing Education Registration Form

ACC, POB 8000, Graham, NC 27253

<b>Student ID #</b>	<b>Certification License #</b> (Auto Dealer, Cosmetology, Heating & Air, Plumbing, Real Estate, etc.)
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<b>LAST Name</b>	<b>FIRST Name</b>	<b>Middle Name</b>
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<b>Suffix</b> [circle] Jr. Sr. I II III IV V VI	<b>Nickname</b> (if you typically use a name other than the above)
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**Street Mailing Address**

<b>City</b>	<b>State</b>	<b>Zip</b>	<b>County</b>
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<b>Home #</b> ( )	<b>Cell #</b> ( )	<b>Work #</b> ( )
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<b>SS #</b>	<b>Date of Birth</b> <input type="checkbox"/> 65 or older? <input type="checkbox"/> Under 18?	<b>Gender:</b> [circle letter] <b>M</b> -Male <b>F</b> -Female
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**Ethnicity** [circle the number] 1-White 2-Black 3-American Indian 4-Hispanic 5-Asian/Pacific Island 6-Other

**Employment Status** [circle the abbreviation] FT-Full Time PT-Part Time UN-Unemployed R-Retired

<b>Employer</b>	<b>Student Signature</b> <i>By my signature, I am affirming that this information is correct..</i>	<b>Date</b>
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**LAW ENFORCEMENT / FIRE / EMS : required for the registration fee exemption:**

Dept. / Agency Affiliation \_\_\_\_\_

Position / Title \_\_\_\_\_

**Highest Educational Level Completed** [circle the number]

1 2 3 4 5 6 7 8 9 10 11 12 --GED 13-Adult High School Diploma  
14-1 yr. Vocational Diploma 15-Associate Degree 16-Bachelor's Degree 17-Master's Degree/Higher

**Email Address** \_\_\_\_\_

COURSE TITLE	CLASS ID	DATES	DAYS	TIME	LOCATION	FEE

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> 65+ (CESEN) <input type="checkbox"/> Vol. Fire (CEVFR) <input type="checkbox"/> County/Municipal Fire (CEPFR) <input type="checkbox"/> Law Enforcement (CEPLW) <input type="checkbox"/> HRD (CEHRD) <input type="checkbox"/> Vol. Rescue/EMS (CEVRS) <input type="checkbox"/> County/Municipal EMS (CEPRS)	Reg. Fee _____ P&M _____ Books _____ Other _____ TOTAL _____
<b>Payment by:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order # _____ <input type="checkbox"/> Bill (company): _____   Attention: _____ Payment Rec'd by _____ <input type="checkbox"/> MC <input type="checkbox"/> VISA Date _____   Receipt # _____   Credit Card Confirmation # _____	

Services are available for students with documented special needs and/or handicapping conditions. Contact the Special Needs Coordinator in Student Services.