

# COMMUNITY EDUCATION REGISTRATION FORM

TERM: \_\_\_\_\_ YEAR \_\_\_\_\_

|  |                              |                                     |
|--|------------------------------|-------------------------------------|
| TODAY'S DATE: / /  | COMMUNITY EDUCATION PARTNER: | SOCIAL SECURITY NUMBER:             |
| LAST NAME:   | FIRST NAME:                  | MIDDLE INITIAL:                     |
| CURRENT ADDRESS<br>Number and street:  | City:                        | State: Zip:                         |
| ETHNICITY: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino   |                              |                                     |
| RACE: (Choose all that apply)  |                              |                                     |
| <input type="checkbox"/> American Indian / Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or other Pacific Islander <input type="checkbox"/> White |                              |                                     |
| GENDER: <input type="checkbox"/> Male <input type="checkbox"/> Female PREVIOUS NAME(S):  |                              |                                     |
| EMAIL ADDRESS  | HOME PHONE: ( )              | WORK PHONE: ( ) DATE OF BIRTH*: / / |
| IN CASE OF EMERGENCY, NOTIFY   |                              |                                     |
| Last name:   | First name:                  | Phone: ( )                          |
| SIGNATURE:<br>(Parent, guardian or adult student)  |                              |                                     |

Providing your Social Security Number (SSN) is voluntary. If you provide it, the college will use your SSN for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your SSN will not be given to the general public. If you choose not to provide your SSN, you will not be denied any rights as a student. Providing your Social Security number means that you consent to the use of the number in the manner described.

\* If you're under 18, additional permissions may be required before you can register for classes.

| Course No. | Course Title | Time | M | T | W | Th | F | S | Su | Start Date | Location | Tuition | Fee | Total |
|------------|--------------|------|---|---|---|----|---|---|----|------------|----------|---------|-----|-------|
| 1 .        | .            | .    |   |   |   |    |   |   |    | .          | .        | .       | .   | .     |
| 2 .        | .            | .    |   |   |   |    |   |   |    | .          | .        | .       | .   | .     |
| 3 .        | .            | .    |   |   |   |    |   |   |    | .          | .        | .       | .   | .     |

Clackamas Community College does not discriminate on the basis of race, color, religion, gender, sexual orientation, marital status, age, national origin/ancestry, disability, family relationship or any other protected status in accordance with applicable law. The College's commitment to nondiscrimination applies to curriculum activity and all aspects of operation of the College.

