

RANDOLPH COMMUNITY COLLEGE
PO BOX 1009, ASHEBORO NC 27204-1009/www.randolph.edu
CONTINUING EDUCATION
STUDENT REGISTRATION FORM

NAME (Please Print) Last		First	Middle	Maiden	
Street Address or Post Office		City	State	Zip	County
Home Phone #	Work Phone #	Cell #	Social Security Number or your 7 digit Student ID Number		
E-Mail Address:					
Date of Birth <div style="text-align: center;"> _ - _ </div>		Employment Status – Circle One E1 - Employed 1-10 Hrs. E4 - Employed 40 or more Hrs US - Unemployed Seeking E2 - Employed 11-20 Hrs. R - Retired E3 - Employed 21-39 Hrs. UN - Unemployed – Not Seeking Name of Employer: _____			
Ethnic – Circle One 1. White, Non-Hispanic 3. American Indian/Alas 5. Asian or Pacific Island 2. Black, Non-Hispanic 4. Hispanic 6. Other/Unknown				Gender – Circle One M - Male F - Female	
Circle Highest Grade Completed or check if passed HS Equivalency (GED) <input type="checkbox"/> -- 1 2 3 4 5 6 7 8 9 10 11 12 13-Adult HS Diploma 14- One Yr Voc. Diploma 15-Associate Degree 16-Bachelor Degree 17-Master's Degree or higher					
If registering for a fire, police or emergency service course, list name of department/agency.					
Check any or all of the following that apply: <input type="checkbox"/> Paid Firemen <input type="checkbox"/> Volunteer Firemen <input type="checkbox"/> Paid EMS Personnel <input type="checkbox"/> Volunteer EMS Personnel <input type="checkbox"/> Paid Rescue Sq <input type="checkbox"/> Volunteer Rescue Sq <input type="checkbox"/> Paid Law Enforcement <input type="checkbox"/> Human Resource Development			I hereby give Randolph Community College and the N. C. Community College System permission to release my grades to: _____ NC Dept. of Insurance Fire/Rescue Commission _____ NC Criminal Justice's Training & Standards Commission and/or _____ NC Sheriff's Commission		
Section Number	Section Title	Day(s)	Time	Fees	Location
Ex: CAS3020A 58000	Introduction to Computers	T, Th	6-9 pm	\$55	Main Campus
1.					
2.					
3.					
4.					

Please check one:
 I certify that I am at least 18 years old _____ or that I am under 18 and have provided a Minor Release Form to the Continuing Education Registration Office _____.

Signature _____ Date _____ Amount Paid _____

Method of Payment: _____ Cash _____ Check _____ Credit Card- (circle one) MASTERCARD VISA
 FOR CE REGISTRATION ONLY