



## Corporate and Continuing Education Registration Form

Legal Name: \_\_\_\_\_

Educational Level: Choose Highest Grade Completed

Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate 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

- ☐ 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

- 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 \$2.55. 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](mailto:coned@rccc.edu) for questions

### For Office Use Only

Datatel ID: 71980 Contract Number: \_\_\_\_\_ Director: Jan Corriher-Smith Fee: \$70

Course Name/Code: NEC Update

Start/End Date: 4/8/16 Time: 8-5pm Days: Friday

Location: Desco Instructor: Albert Russell

Waiver Code:

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

CEPFR  
CEVFR  
CERCT  
CECPR  
CEDJJ

<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>
<input type="checkbox"/>

CEPRS  
CEPLW  
CEVRS  
CECOR

Other: \_\_\_\_\_

Entered in Datatel By: \_\_\_\_\_ Date: \_\_\_\_\_