CATAWBA VALLEY COMMUNITY COLLEGE (Non-Credit) Registration Form

Clark address: Employer Other City State Zip County of Residence	Name						
Address: Employer Other City	Last		First		Midd	Middle/Maiden	
City State Zip County of Residence		Other					
Student D# (if known)							
Ethnic Gender Ss# Date of Birth (required) 65 Years or Older Disclosure of your social security number is coluntary. However, certain state agencies may require social security numbers for verification. Ethnic Gender	City			•	f Residence		
Student ID# (if known) SS# Date of Birth (required) 65 Years or Older Disclosure of your social security number is voluntary. However, certain state agencies may require social security numbers for verification. Ethnic (1) White (2) Black (3) American Indian (4) Hispanic (5) Asian (6) Other Gender (7) Female (M) Male Check Employment Status (E1) Employed 1 - 10 Hours (N) Unemployed-Not Seeking Employment (E3) Employed 11 - 20 Hours (UN) Unemployed-Not Seeking Employment (E4) Employed 40 or More Hours (US) Unemployed-Seeking Employment (E4) Employed 40 or More Hours (US) Unemployed-Seeking Employment (E4) Employed 40 or More Hours (US) Unemployed-Seeking Employment (E6) Employed 40 or More Hours (US) Unemployed-Seeking Employment (US) Unemployed-Not Seeking Employed-Not Seekin	Work Phone		Cell Phone				
Disclosure of your social security number is voluntary. However, certain state agencies may require social security numbers for verification. Ethnic	Email Address						
Ethnic (1) White (2) Black (3) American Indian (4) Hispanic (5) Asian (6) Other Gender (F) Female (M) Male Check Employment Status (E1) Employed 1 - 10 Hours (E2) Employed 11 - 20 Hours (UN) Unemployed-Not Seeking Employment (E4) Employed 40 or More Hours (US) Unemployed-Seeking Employment (E4) Employed 40 or More Hours (US) Unemployed-Seeking Employment (E4) Employed 40 or More Hours (US) Unemployed-Seeking Employment (E4) Employed 40 or More Hours (US) Unemployed-Seeking Employment (E4) Employed 40 or More Hours (US) Unemployed-Seeking Employment (E4) Employed 40 or More Hours (US) Unemployed-Seeking Employment (E4) Employed 40 or More Hours (US) Unemployed-Seeking Employment (E4) Employed 40 or More Hours (US) Unemployed-Seeking Employment (E4) Employed 40 or More Hours (US) Unemployed-Seeking Employment (E4) Employed 40 or More Hours (US) Unemployed-Not Seeking Employment (E4) Employed 40 or More Hours (US) Unemployed-Not Seeking Employment (US) Unemployed-Not Seeking Employ	Student ID# (if known)	SS#	Dat	e of Birth (<i>required</i>)	65 Years or Older	
Gender (F) Female (M) Male Check Employment Status (E1) Employed 1 - 10 Hours (I2) Employed 21 - 20 Hours (I3) Employed 21 - 30 Hours (I3) Employed 24 - 39 Hours (I3) Unemployed-Seeking Employment (I3) Unemployed-Seeking Employment (I3) Unemployed-Seeking Employment (I3) Multi High School Diploma (I3) Adult High School Diploma (I3) Associate Degree (I3) Associa	Disclosure of your social security	number is volunta	ry. However, certain	state agencies may red	quire social security	numbers for verification.	
(E2) Employed 11 - 20 Hours (UN) Unemployed-Not Seeking Employment	— \ \ \ \ \		(3) American Ir	dian 🗌 (4) Hi	spanic 🗌 (5) A	sian [] (6) Other	
Check Highest Educational Level	Check Employment Status	☐ (E2) Employe	ed 11 - 20 Hours ed 20 - 39 Hours	(ÙŃ) U	nemployed-Not See		
Check Highest Educational Level	Circle Highest Grade Completed	d 🛮 0 🔲 1 💆] 2	5	8 🔲 9 🔲 10 🖂	11 🔲 12	
Is your tuition being paid by an agency/organization? If yes, what organization? Written authorization for billing from the organization must be on file. Signature (Required)		☐ (14) Post Hi		Diploma	(15) Associate	e Degree	
Written authorization for billing from the organization must be on file. Signature (Required)	If under 18 years of age, writ	ten permission f	rom your high scho	ool must be on file.	Name of high sch	nool	
Class Title: Hos. 101/102 Dates: Days: Tues & Wed. Time: 9-5pm Location: Manufacturing Solutions Ctr For Office Use Only Term Course/Section Number \$ \$ \$ \$ \$ \$ Tuition CPR Cards Lab Fees Textbooks Insurance Other For Third-Party Billing (Authorization to bill on company/organization letterhead must be attached.) Name of Organization Withdrawal Date Transfer to Tuition/Fees Refund Amt. \$ Reason Processed By Date Sent to B0 Please make checks payable to <u>Catawba Valley Community College</u> . Mail payment and registration form to Attn: Linda York, Manufacturing Solutions Center, 301 Conover Station SE, Conover, NC 28613. Call Linda York at 828-327-7000, ext. 4265 for credit card payment. Amt. Paid \$ Waiver Code Registered by Credit Card Cash Check # Datatel Receipt by Date Date							
For Office Use Only Term Course/Section Number \$	Signature (Required)				Date	_	
Term Course/Section Number \$ \$ \$ \$ \$ \$ \$	Class Title: Hos. 101/102 Da	ates:	Days: Tues & W	ed. Time: 9-5pm l	Location: Manufa	cturing Solutions Ctr	
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Rev date: October 27, 2014