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|  | **Workforce Development**  **Registration Form** | 800 College Court  New Bern, NC 28562  305 Cunningham Blvd.  Havelock, NC 28532  252-638-7248  www.cravencc.edu/wfd |

**Complete all information and print clearly. Student data on this form is CONFIDENTIAL.**

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| **Course:** | |  | | | | | | | | | | | |  |  | | | | | | | | | | | | | |  | |  | | |
|  | | Course Title | | | | | | | | | | | |  | Course ID - Section# - Class# | | | | | | | | | | | | | |  | | Start Date | | |
| **Social Security Number:** | | | | | | |  | | | | | **Colleague ID:** | | | | | | |  | | | | | | | | | |  | | | | |
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| **Name:** |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | Last First Middle | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Address:** | | |  | | | | | |  | | | | | | | | | | | | |  | | | | | | |  | | | | |
|  | | | Street/P.O. Box | | | | | | City | | | | | | | | | | | | | State | | | | | | | Zip Code | | | | |
| **County of Residence:** | | | | | |  | | | | **Date of Birth:** | | | | | | | |  | | | | | | | | | | | | **Age:** | | |  |
| Home:  Cell: | | | | | | | | | | | | | | | | | | MM/DD/YYYY | | | | | | | | | | | | Minors need release | | | |
| **Phone:** | |  | | | | | | | **E-mail Address:** | |  | | | | | | | | | | | | | | | | | | | | | | |
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| **Please check:** | | | | **Sex:** | | | | 🞏Female 🞏Male | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Ethnicity:** | | | | | | | | 🞏Hispanic/Latino 🞏Non-Hispanic/Latino | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Race:** | | | | | | | | 🞏American/Alaska Native 🞏Asian 🞏Black or African American 🞏Hawaiian or Pacific Islander 🞏White | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Employment Status:** | | | | | | | | 🞏Full time 🞏Part-time 🞏Retired 🞏Unemployed-Not Seeking 🞏Unemployed-Seeking | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Military/Veteran Status:** | | | | | | | | 🞏Active 🞏Veteran/Retired 🞏Reserve **Branch:** 🞏Army 🞏Air Force 🞏Marines 🞏Navy 🞏Coast Guard | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Highest Education Level:** | | | | | | | | Completed Grade: 🞏1 🞏2 🞏3 🞏4 🞏5 🞏6 🞏7 🞏8 🞏9 🞏10 🞏11 🞏12/(HS Graduate) | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | 🞏GED 🞏Adult HS Diploma 🞏1-yr Vocational Diploma 🞏Associate 🞏Bachelor’s 🞏Master’s or Higher | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  |  | | --- | --- | --- | --- | | **Public Safety Fee Waiver Confirmation**  *Required for Fire/EMS/DPS/Law Enforcement*  My signature attests that I am actively affiliated with the public safety agency listed and that I hold the job classification indicated. | | | | | Agency/Dept.: | |  |  | | Job: | LE Officer  Detention Officer  Firefighter-Volunteer Agency  Firefighter-County/State/Municipal Agency  EMS Responder-Volunteer Agency  EMS Responder-County/State/Municipal Agency  Emergency Management Personnel  On NC Military Installation: Fire EMS EOP  Other - provide specific job classification:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | |  | | | | | **Authorization to Release Information**  *Required for Fire/EMS/DPS/LE; may apply to others*  My signature below authorizes the College to release information regarding my enrollment to (check all that apply):  affiliated agency/department listed above  oversight agency (e.g., OSFM, DPS, OSHA, NCCER)  my employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | Registration Fee Refunds  If a class is canceled due to insufficient enrollment, a student automatically receives a 100% refund.  A student who officially withdraws from an occupational extension class prior to the first class meeting is eligible for a 100% refund.  A student who officially withdraws from an occupational extension class after the start date and prior to or on the 10% point is eligible for a 75% refund.  Additional provisions of the refund policy, including those regarding self-support classes and student fees are available upon request. | | | | | | | | | | | | | | | | | |
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| **For Office Use** | | | | | | | | | | | | | | | | | |
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|  | RGN by (initials) | | | | | | |  | Date | | | |  | | | Year & Term | |
| Registration Fee **or** **Flat rate** | | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Other Fee Type: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Other Fee Type: \_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Total | | | | | | | | | | | | $\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |
| Waiver/Bill to: | | | | | | |  | | | | | | | | | | |
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| **Student Signature:** | | | | |  | | | | | | | | | | | | | | |  | **Date:** | | | | |  | | | | | | | |
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| *An Equal Opportunity Educational Institution* ***ver 2016-08-29*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |