REGISTRATION FORM



ROCKINGHAM COMMUITY COLLEGE COMMUNITY & WORKFORCE EDUCATION DIVISION P.O. BOX 38, WENTWORTH, NC 27375-0038 336 342-4261, EXT. 2011

FAX: 336-342-1809 WEBSITE: www.rockinghamcc.edu

The following information is $\underline{\mathbf{R}}$			·	•		
CTION ID NUMBERCOURSE TITLE				TOTAL COST		
NAMEL	AST	F	TRST		MIDDLE	
SIGNATURE						
SOCIAL SECURITY NUMBER						
ADDRESS						
CITY	STATE	ZIP	COUNTY	OF RESIDENC	CE	
TELEPHONE HOME			VORK		-	
E-MAIL ADDRESS					(Please Print)	
DATE OF BIRTH\	GENDER () Male () Female					
ARE YOU OF HISPANIC/LATIN	NO ORIGIN? ()	YES () N	О			
CIRCLE THE HIGHEST GRADE 0 1 2 3 4 5 6 7 8 9 10 11	n American iian or Other Pacific COMPLETED: 12 13 14 15 16	: Islander 17+	() Native () White	American or A	laska Native	
OR CHECK () passed high s	-			-	Seel the Freedom and	
					Seeking Employment	
EMPLOYER		OCCUPAT	ION			
	FOR BU	SINESS OFFI	CE USE O	NLY		
CASHIER SIGNATURE		DATE	DATE		AMOUNT PAID	
WAIVER CODE	CASH	CHECK	VISA	MC	RECEIPT #	
PAYMENT OPTIONS: If paying b	y check, make chec	ck payable to Roc	kingham C	Community Col	lege.	
If paying by credit card, Type: () Visa () Maste	rCard				
Name on Credit Card						
Credit Card #		Exp. Date:		3digit Secu	rity Code:	

Rockingham Community College does not discriminate in administering or access to or treatment of employment or admission in its programs and activities. No person shall be discriminated against on the basis of race, sex, religion, age, national origin or handicap. Inquiries may be directed to the Equal Opportunity Affirmative Action Officer at the college.