



# SAMPSON COMMUNITY COLLEGE

Post Office Box 318 Clinton, NC 28329

## CONTINUING EDUCATION STUDENT REGISTRATION FORM

Section: \_\_\_\_\_ Course ID: \_\_\_\_\_

Class Title: \_\_\_\_\_

Instructor: \_\_\_\_\_

(RGPE/DADD)

Social Security #

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(RGPE)

1. Legal Last Name: \_\_\_\_\_

2. First Name: \_\_\_\_\_

3. Middle/Maiden Name: \_\_\_\_\_

4. Suffix (if any):  Sr  Jr  II  III  IV (BIO)

5. Mailing Address: \_\_\_\_\_

6. City, State, Zip: \_\_\_\_\_

7. County of Residence: \_\_\_\_\_

8. State of Residence: \_\_\_\_\_

9. Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Business: \_\_\_\_\_ Ext: \_\_\_\_\_

10. Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

11. Last High School Attended: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

12. Last High School Date: \_\_\_\_\_ (month) \_\_\_\_\_ (year)

13. Race:  1 White (non-Hispanic)  2 Black (non-Hispanic)  
 3 American Indian/Alaskan  4 Hispanic  
 5 Asian/Pacific Island  6 Other/Unknown/Multiple

14. Sex:  Male  Female

15. Email Address: \_\_\_\_\_ (ADR)

16. Employer: \_\_\_\_\_ (XNCA)

17. Job Title/Role: \_\_\_\_\_

18. Employment Status:  FT Full Time  PT Part Time  R Retired  
 UN Unemployed (not seeking)  US Unemployed (seeking)

19. Academically Disadvantaged:  Yes  No

20. Economically Disadvantaged:  Yes  No

21. Educational Level: (Circle Highest Educational Level) 0 1 2 3 4 5  
6 7 8 9 10 11 12  13 Adult HS Diploma -- GED Diploma  
 14 One Year Vocational Diploma (after HS)  15 Associate's Degree  
 16 Bachelor's Degree  17 Master's Degree or Higher

22. English Speaking Limited (very little or none):  Yes  No

23. Single Parent:  Yes  No 24. Homemaker:  Yes  No

25. Head of Household:  Yes  No 26. Inmate:  Yes  No

27. Citizenship:  U US Citizen  E Eligible Legalized/Resident Alien  
 N Naturalized Citizen  A Non-Resident Alien

28. Discounts:  5 Corrections  6 CPR Public  7 Juv. Justice Empl  
(ASPR)  11 HRD  13 Paid Fireman  14 Law Enforcement  
 15 Paid Rescue  21 Vol. Fireman  22 Vol. Rescue

**ATTENTION FIREFIGHTERS:** By affixing your signature on this form, you hereby give permission to Sampson Community College and NC Department of Community Colleges to release your certification training records to the NC Fire Rescue Commission of the NC Department of Insurance (this release is required by federal law).

**ATTENTION LAW ENFORCEMENT & DETENTION OFFICERS, FIRE & EMS PERSONNEL:** By affixing your signature on this form, you hereby give permission to Sampson Community College to release a copy of your Continuing Education transcript to your current place of employment, volunteer agency or training officer (this release is in compliance with regulations).

**ATTENTION STUDENTS:** By affixing your signature on this form, you hereby give permission to Sampson Community College to release or publish any photographs taken of you or works while attending classes (this release is in compliance with regulations). **This excludes Compensatory Education students.**

**My signature attests that I am affiliated with the public safety agency listed and that I hold the job classification indicated.**

Student's Signature: \_\_\_\_\_

Agency Affiliation: \_\_\_\_\_

Job Classification: \_\_\_\_\_

Date: \_\_\_\_\_

\$ \_\_\_\_\_ Registration Fee Received

\$ \_\_\_\_\_ Book/Other Fee Received

\$ \_\_\_\_\_ Other (explain) \_\_\_\_\_

Received By: \_\_\_\_\_ Date: \_\_\_\_\_

**COURSE RECEIPT**

Revised 11/30/2015