



WORKFORCE & ECONOMIC DEVELOPMENT STUDENT REGISTRATION FORM

P. O. Drawer 809 . 100 College Drive . Weldon, North Carolina 27890 www.halifaxcc.edu

Phone: 252 536-7261 Fax: 252 536-2241

CLASS TITLE _____ SECTION NUMBER: _____ TERM: _____

Beginning/End date: _____

REGISTRATION FEE: _____ OTHER FEE _____ FEE EXEMPT Yes No

SOCIAL SECURITY NUMBER _____

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

ADDRESS _____ (Check here if new address)

CITY _____ STATE _____ ZIP _____

COUNTY (Residence) _____ EMAIL ADDRESS _____

HOME PHONE () _____ BUSINESS PHONE () _____ CELL PHONE () _____

BIRTH DATE Month _____ Date _____ Year _____ SEX (Check One) Male Female

RACE (Check one) White 1 Black 2 Indian 3 Hispanic 4 Asian 5 Other 6

CHECK ALL OR ANY THAT APPLY:
Name of Squad: _____
 Paid Fireman Volunteer Fireman Human Resources Dev.
 Paid EMS Volunteer EMS Other
 Paid Law Enforcement Named in EOP Telecommunicator/Dispatcher
 Correctional Officer Detention Officer

EMPLOYMENT STATUS (check one): Retired Unemployed -Not Seeking Unemployed - Seeking
 Full Time Part Time -# hrs per week _____

Job Title _____ Employer: _____

EDUCATIONAL LEVEL (Check one): Completed High School 12 GED Diploma Bachelor's Degree 16
 One-Year Vocational Diploma 14 Associate Degree 15
 Master's Degree or higher 17 OR Highest Grade Completed _____

High School Last Attended _____ Name _____ State _____ Month/Year last attended _____

CITIZENSHIP (Check one): U.S. Citizen Permanent Resident Alien Alien Authorized to Work Other

STUDENT SIGNATURE _____ TODAY'S DATE _____

I hereby agree to release my final grade(s) for this course to the N.C. Dept. of Insurance Fire/Rescue Commission/N.C. Criminal Justice's Training & Standards Commission and/or NC Sheriff's Commission, NC OEMS or sponsoring agency. My signature attests that I am actively affiliated with the public safety agency listed and that I hold the job classification indicated.

Halifax Community College is an Equal Opportunity/Affirmative Action College and accommodates the needs of individuals with disabilities.