



HALIFAX COMMUNITY COLLEGE

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

COURSE INFORMATION

CLASS TITLE: _____
SECTION NUMBER: _____ TERM: _____
BEGINNING / END DATE: _____ REG. FEE: \$ _____ OTHER FEE: \$ _____
FEE EXEMPT: ☐ Yes ☐ No EXEMPTION TYPE: _____

STUDENT INFORMATION

SOCIAL SECURITY NUMBER: _____ - _____ - _____ NEW ADDRESS? ☐ Yes ☐ No
LAST NAME: _____ FIRST NAME / MIDDLE NAME: _____
STREET ADDRESS: _____
CITY / STATE / ZIP: _____ COUNTY: _____
HOME PHONE: () _____ CELL PHONE: () _____ BUS. PHONE: () _____
EMAIL ADDRESS: _____
BIRTH DATE (MM/DD/YYYY): _____ / _____ / _____ SEX: ☐ Male ☐ Female
RACE / ETHNICITY:
☐ White (1) ☐ Black (2) ☐ American Indian (3) ☐ Hispanic (4) ☐ Asian (5) ☐ Other (6)
CITIZENSHIP:
☐ U.S. Citizen ☐ Permanent Resident Alien ☐ Alien Authorized to Work ☐ Other

PUBLIC SAFETY ORGANIZATION AFFILIATION (Agency that sent you to take this specific class)

NAME OF SQUAD OR AGENCY: (Example: **Garysburg Fire Station**)

POSITION / TITLE AT SQUAD or AGENCY LOCATION:

Position / Title: _____

Examples: **Volunteer Firefighter, EMS Specialist, Correction Officer, Police Officer, Other, etc.**

If 'Other', state duties & supervisor: _____

(Example: **Law Clerk for District Attorney James Edwards, Roanoke Rapids D.A. Office**)

AFFILIATION / EMPLOYMENT STATUS (Check one):

☐ Volunteer / Unpaid ☐ Full-Time Paid ☐ Part-Time Paid — # Hours/Week: _____ ☐ Retired / Auxiliary

EDUCATIONAL LEVEL

HIGHEST LEVEL COMPLETED (Check one):

☐ High School Diploma (12) ☐ GED Diploma ☐ One-Year Vocational (14) ☐ Associate Degree (15)
☐ Bachelor's Degree (16) ☐ Master's Degree or Higher (17) ☐ Highest Grade Completed: _____

HIGH SCHOOL ATTENDED:

School Name: _____ State: _____ Mo/Yr Last Attended: _____ / _____

ATTENDANCE & GRADE RELEASE AGREEMENT

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.

STUDENT SIGNATURE: _____ TODAY'S DATE: _____ / _____ / _____