

WILKES COMMUNITY COLLEGE
CONTINUING EDUCATION REGISTRATION FORM
STUDENT RECEIPT
COURSE TITLE: _____

Office user:	_____
Contact:	_____
Instructor:	_____
Term:	_____
Begin Date:	_____ End Date: _____
Time:	_____

NAME: _____
 Last Name First Name Middle Name

EMAIL ADDRESS: _____

Zip Code: _____ **Address:** _____ **City:** _____ **State:** _____

County of Residence: _____ **Social Security #:** _____ **Birth Date:** _____

(Social Security Number REQUIRED See Note Below)

Wilkes Community College is under a legislative mandate to participate in the NC Common Followup System. Under this law, all agencies participating in education, training, etc., must semi-annually submit data, including social security number, to the Employment Security Commissioner for purposes of matching against the Unemployment Insurance Files. The data are used to determine education/training impact on the workforce.

Telephone (home): _____ **(Work):** _____ **Name of Last High Sch Attended:** _____

Gender: Male _____ Female _____ **Race:** White _____ Black _____ Hispanic _____ American Indian _____ Asian/Pacific Islander _____

Education Level (Circle highest grade completed)	Employment Status (Check one)	Fee Waiver (Check only if applies to you)	Dept/Agency
08 None	1-10 hrs wk (E1)	Paid Freeman (CEPRF)	_____
1 1st grade	11-20 hrs wk (E2)	Volunteer Fireman (CEVFR)	_____
2 2nd grade	21-30 hrs wk (E3)	Paid Rescue/Life Saving	_____
3 3rd grade	40+ hrs wk (E4)	Personnel (CEPRP)	_____
4 4th grade	Retired (R)	Volunteer Rescue/Life Saving	_____
5 5th grade	Unemployed (not seeking employment) (UN)	Personnel (CEVRS)	_____
6 6th grade	Unemployed (seeking employment) (SE)	Paid Law Enforcement (CEPLW)	_____
7 7th grade	Employer: _____	Elem/Secondary Sch Teacher (CEGPR)	_____
8 8th grade		(CEPR First Aid only)	_____
9 9th grade		Senior citizen (CESEN)	_____
10 10th grade		(Must be 65 by beginning date of class)	_____
11 11th grade		Teacher (CEGPR)	_____
12 12th grade (HS Diploma)		HRD (CEHRD)	_____
13 Adult High School Diploma		(Must meet eligibility requirements)	_____
14 Post HS Vocational Diploma		Other (CEOTH)	_____
15 Associate Degree			
16 Bachelor Degree			
17 Masters Degree (or higher)			

ITEMIZED CHARGES:

Description	Amount
Tuition Charges	_____
Technology Fee	_____
Student Insurance	_____
Migration Insurance	_____
Supply Fee	_____
Materials Charges	_____
_____	_____
Total Charges	_____

CHARGE TO SPONSOR

Sponsor Name: _____
 MUST HAVE DEBIT CARD AUTHORIZATION ATTACHED
 FROM THIRD PARTY BEFORE CHARGE CAN BE
 MADE TO SPONSOR.

Signature (Director/Coordinator) _____ Date _____

PAYMENT METHOD(S):

Check one	Amount _____
DASH	Check No. _____
CHECK	CREDIT CARD: _____ VISA _____ MasterCard _____

Cardholder Name: _____
 Card No. _____
 Expiration Date (MM/YY) _____

By signing I am stating that I am authorized to make charges to the above named credit card and authorize Wilkes Community College to charge the above named account \$ _____ in payment of the named course.
 (Amount)

Student Signature _____ Date _____