

McDOWELL TECHNICAL COMMUNITY COLLEGE

CONTINUING EDUCATION
STUDENT REGISTRATION

(Office Use Only)

PLEASE PRINT LEGIBLY

SOCIAL SECURITY NO.

Name of Course	Location of Instruction	Contact Hours	Signature of Instructor
Day(s) Class Meets S M T W T F S	Time of Class		

- Last Name _____
- First _____
- Middle/Maiden _____
- Address Line 1 _____
- City _____
- State _____
- Zip Code _____
- Inmate? _____
- County _____ State of Residence _____
- Birthdate MO DAY YEAR
- Sex 1. Male 2. Female
- Race 1. White 2. Black 3. American Indian
4. Hispanic 5. Asian/Pacific Islander
- Home Phone
- Email _____
- Highest Grade Completed _____
- Employment Status 1 Retired
 2 Unemployed (not seeking)
 3 Unemployed (seeking)
 4 Employed (1-10 hrs. per week)
 5 Employed (11-20 hrs. per week)
 6 Employed (21-39 hrs. per week)
 7 Employed (40 hrs. or more)

- Employer _____
- Work Phone _____ Occupation _____
- Agency Affiliation : (Circle one) Law Enforcement Fire EMS Rescue
- Name of Agency _____
- Disadvantaged
 A Academically
 E Economically
 B Both
- Handicapped
 M Mentally Retarded E Seriously Emotionally Disturbed
 H Hard of Hearing O Orthopedically Impaired
 D Deaf L Learning Disability
 S Speech/Language Impaired X Other Health Impairment
 V Visually Handicapped
- Limited English Speaking Yes No
- Student Status S Single Parent
 H Homemaker
 B Both of the Above
- Citizenship U U.S. Citizen
 E Eligible Legalized Alien
 N Naturalized Citizen
- Head of Household Yes No
- High School last attended _____
- High School Graduate Yes No Current Student
 GED AHS Diploma
- Date last High School attended / /
MO DAY YEAR

Reg. Fee: _____
Materials: _____
Received by: _____

I hereby give permission to MTCC and the NC Department of Community Colleges to release my certification training records to the NC Fire Rescue Commission of the NC Department of Insurance.
YES NO (This release is required by Federal Law)

OFFICE COPY

Student Signature

Date Student Enters Class