

GTCC						Registration Form For Continuing Education Courses Only (Non Credit)						Please Print																			
Term of Registration: <input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer						Last 4 Digits of SSN:																									
Last Name				First Name				Middle Initial				Former																			
Route, Street Name, or Box Number								City				State		Zip Code		County/Residence															
PHONE	Home Phone: () -		Employment Status:		<input type="checkbox"/> Full Time		Are you 65 or Older?				<input type="checkbox"/> Yes		<input type="checkbox"/> No																		
	Cell Phone: () -				<input type="checkbox"/> Part Time		Date of Birth / /				Required																				
	Work Phone: () -						Gender:				<input type="checkbox"/> Male		<input type="checkbox"/> Female																		
	Ethnicity: Hispanic or Latino <input type="checkbox"/> Yes <input type="checkbox"/> No				Race (Choose one or more) <input type="checkbox"/> White <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Native Hawaiian or Other Pacific Islander																										
Circle Highest Grade Completed														<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/> 9	<input type="checkbox"/> 10	<input type="checkbox"/> 11	<input type="checkbox"/> 12	<input type="checkbox"/> GED	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<small>High School Diploma A.H. Diploma Voc.Diploma Assoc Bachelor's Mater's/Higher</small>																															
To register, complete this form and mail it along with a Money Order to: GTCC PO Box 309 Drawer D , Jamestown, NC 27282. You may also mail it in with your credit card information filled out below or bring this form to any GTCC Campus. DO NOT MAIL CASH OR PERSONAL CHECKS.																															
Please check one: I certify that I am at least 18 years old and not enrolled in public school <input type="checkbox"/> or I am under 18 and provided a Minor Release Form to the Continuing Education Office <input type="checkbox"/> .																															
<input type="checkbox"/> Master Card				<input type="checkbox"/> Visa				Expiration Date: / /				Account Number																			
By signing below I certify that the given information is complete and correct and if paying by credit card gives authorization for payment.																															
Signature (Required) _____										Date: / /				For Defensive Driving Only: DL# _____ State _____																	
Course Code <small>Example: DDC8004-193</small>		Course Title <small>4 Hour DD</small>				Day(s) <small>Sat</small>		Time <small>9-1</small>		Location <small>H4 205</small>		Reg. Fee																			
						/ /		Arrive @		Room		\$																			
For Defensive Driving: Please have registration in by 6/16/2009				Citation Number _____ Court Cost and Fines: \$ _____ Next Court Date: __/__/__				If this registration form is not completed, your payment will not be processed, and it will be returned to you for completion (which may cause you to have to reschedule your class). Thank you.																							