



REGIONAL CAREER & TECHNICAL CENTER

Registration Submissions

Term _____

Date _____

Course Information

Course Title: _____

Tuition: _____

Est. Book Price: _____

Student Information

Last Name: _____

Legal First Name: _____

Nickname: _____

Middle Initial: _____

Social Security No.: _____ (For State Reporting Purposes ONLY.)

Date of Birth: _____

Street Address: _____

City _____

State _____

Zip Code _____

Home Phone: (____) _____

Cell Phone: (____) _____

Work Phone: (____) _____

E-Mail Address: _____

For state reporting purposes, please check appropriate item:

Are you currently employed? Yes _____ No _____

Sex: Male _____ Female _____

Race: White _____ Amer. Indian _____ Black _____ Hispanic _____ Asia _____ Multi-Cultural _____

Payment Method:

Cash _____ Check _____ Check No. _____ Check Amount: _____ Name on Check: _____

Square Transaction ID: _____

How did you hear about RCTC programming? (Check all that apply)

Newspaper _____ Radio _____ Website _____ Work _____ In Magazine _____

Journals _____ Other: (Please List) _____

Sponsor Information (if Applicable)

Sponsor Name: _____ (Employer, OVR, CareerLink, etc.)

Sponsor Address: _____ City: _____ State: _____ Zip Code: _____

Phone #: (____) _____

Contact Person: _____ Sponsor PO # _____

Course cancellation contact made (if applicable) _____ Contacted by _____

PLACE ALL RELATED NOTES ON BACK OF FORM!