



If you wish to take a Continuing Education class at ACC you need to register and pay 3-5 days in advance.

**Continuing Education Registration Form**

ACC, POB 8000, Graham, NC 27253

<b>Student ID #</b>		<b>Certification License #</b> (Auto Dealer, Cosmetology, Heating & Air, Plumbing, Real Estate, etc.)			
<b>LAST Name</b>		<b>FIRST Name</b>		<b>Middle Name</b>	
<b>Suffix</b> [circle] Jr. Sr. I II III IV V VI		<b>Nickname</b> (if you typically use a name other than the above)			
<b>Street Mailing Address</b>					
<b>City</b>		<b>State</b>	<b>Zip</b>	<b>County</b>	
<b>Home #</b> ( )		<b>Cell #</b> ( )		<b>Work #</b> ( )	
<b>SS #</b> (last 4, optional) XXX-XX-		<b>Date of Birth</b>		<input type="checkbox"/> 65 or older? <input type="checkbox"/> Under 18?	<b>Gender:</b> [circle letter] <b>M</b> -Male <b>F</b> -Female
<b>Ethnicity</b> [circle the number] 1-White 2-Black 3-American Indian 4-Hispanic 5-Asian/Pacific Island 6-Other					
<b>Employment Status</b> [circle the abbreviation] FT-Full Time PT-Part Time UN-Unemployed R-Retired					
<b>Employer</b>	<b>Student Signature</b> <i>By my signature, I am affirming that this information is correct..</i>				<b>Date</b>

**LAW ENFORCEMENT / FIRE / EMS : required for the registration fee exemption:**

Dept. / Agency Affiliation \_\_\_\_\_

Position / Title \_\_\_\_\_

**Highest Educational Level Completed** [circle the number]

1 2 3 4 5 6 7 8 9 10 11 12 --GED 13-Adult High School Diploma  
 14-1 yr. Vocational Diploma 15-Associate Degree 16-Bachelor's Degree 17-Master's Degree/Higher

**Email Address** \_\_\_\_\_

COURSE TITLE	CLASS ID	DATES	DAYS	TIME	LOCATION	FEE

<b>OFFICE USE ONLY</b>	
<input type="checkbox"/> 65+ (CESEN) <input type="checkbox"/> HRD (CEHRD) <input type="checkbox"/> Law Enforcement (CELAW) <input type="checkbox"/> Fireman (CEFIR) <input type="checkbox"/> EMS (CEEMS)	Reg. Fee _____
<b>Payment by:</b> <input type="checkbox"/> Cash <input type="checkbox"/> Check # _____ <input type="checkbox"/> Money Order # _____ <input type="checkbox"/> Bill (company): _____	P&M _____
Attention: _____	Books _____
Payment Rec'd by _____ <input type="checkbox"/> MC <input type="checkbox"/> VISA	Other _____
Date _____             Receipt # _____             Credit Card Confirmation # _____	TOTAL _____

Services are available for students with documented special needs and/or handicapping conditions. Contact the Special Needs Coordinator in Student Services.