REGISTRATION FORM



Registration/Admission Form	1. Are you Hispanic? ☐ Yes ☐ No
Please use one registration form per student. Duplicate this form as needed. This form will be used to update your contact information . For name change requests, contact the Registration Office/Answer Center at 7	2. Please select one or more races: ☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ White
DATE OF BIRTH STUDENT NUMBER To be assigned to first-time students.	☐ Male ☐ Female ☐ Non-binary
LAST NAME FIRST NAME	MI/FORMER NAME
NUMBER AND STREET CITY STATE ZIP CODE EMAIL ADDRESS	
DAY PHONE EVENING PHONE CELL	- - PHONE
Section No. CESN No. Title of Class	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
1	TOTAL: \$

Email to:

SCECH@Schoolcraft.edu

Submission deadline: August 15, 2022

All forms received after deadline will not be processed and will not recieve SCECH