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