REGISTRATION FORM



White

Are you Hispanic? ☐ Yes ☐ No
 Please select one or more races:

American Indian or Alaska Native

Asian 🗖 Black or African American

□ Native Hawaiian or Other Pacific Islander

□ Non-binary

Registration/Admission Form

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 734-462-4426.

 DATE OF BIRTH		NT NUMBER signed to first-time students.		D Male D Female
LAST NAME NUMBER AND STREET		FIRST NAME		MI/FORMER NAME
STATE ZIP CODE	EMAIL ADD		CELL PHONE	-
Section No.	CES, CES2, CESN No.	Title of Class		Amount \$
				\$ \$
				\$ <u> </u>
				\$ <u></u> \$
			TOTAL:	

Email to: SCECH@Schoolcraft.edu

Submission deadline: January 2, 2024

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