REGISTRATION FORM



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. 1. Are you Hispanic? ☐ Yes ☐ No 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 NA NUMBER AND STREET	ME MI/FORMER NAME CITY
NOMBER AND STREET CITY	
STATE ZIP CODE EMAIL ADDRESS	
DAY PHONE EVENING PHONE CELL PHONE CES, CES2,	
Section No. CESN No. Title of Class	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$
TOTAL: \$	

Email to:

SCECH@Schoolcraft.edu

Submission deadline: January 2, 2024

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