

REGISTRATION FORM



Personal & Professional Learning

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

Male Female Non-binary

DATE OF BIRTH

STUDENT NUMBER
To be assigned to first-time students.

LAST NAME

FIRST NAME

MI/FORMER NAME

NUMBER AND STREET

CITY

STATE ZIP CODE

EMAIL ADDRESS

DAY PHONE

EVENING PHONE

CELL PHONE

Section No.	CES, CES2, CESN No.	Title of Class	Amount
			\$
			\$
			\$
			\$
			\$
			\$
			\$
TOTAL:			\$

Email to:
scech@schoolcraft.edu

Submission deadline: **10 days after training end date.**
All forms received after deadline will not be processed and will not receive SCECH