

# 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

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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

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DAY PHONE

--  
EVENING PHONE

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CELL PHONE

Section No.	CES, CES2, CESN No.	Title of Class	Amount
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<b>TOTAL:</b>			\$ <input type="text"/>

**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