REGISTRATION FORM



Registration/Admission Form Please use one registration form per student. Duplicate this for This form will be used to update your contact informat. For name change requests, contact the Registration Office/Ans	ion. Ariencan indian of Alaska Native
DATE OF BIRTH STUDENT NUMBER To be assigned to first-time students.	□ Male □ Female □ Non-binary
LAST NAME FIRST NAM	IE MI/FORMER NAME
STATE ZIP CODE EMAIL ADDRESS	CITY
Section No. CES, CES2, CESN No. Title of Class	Amount
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Email to:

scech@schoolcraft.edu

Submission deadline: You must apply for SCECHs by **September 1**, or within 10 days of training completion if you are attending a multiweek training. Forms received after these deadlines will not be processed and SCECHs will not be awarded.