REGISTRATION FORM



White

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

□ 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	STUDE To be a	NT NUMBER signed to first-time students.		🗆 Male 🗖 Female
LAST NAME NUMBER AND STREET		FIRST NAME		MI/FORMER NAME
STATE ZIP CODE	EMAIL AD	DRESS		
DAY PHONE	-		CELL PHONE	-
Section No.	CES, CES2, CESN No.	Title of Class		Amount
				5 .
			:	\$ <u></u>
				5 .
			:	\$ <u></u>
				5 .
			:	\$
				\$ <u></u>
			TOTAL:	5

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 multi-week training. Forms received after these deadlines will not be processed and SCECHs will not be awarded.