## 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		NT NUMBER signed to first-time students.		🗆 Male 🗖 Female
LAST NAME NUMBER AND STREET		FIRST NAME		MI/FORMER NAME
STATE ZIP CODE	EMAIL ADI	DRESS		
DAY PHONE	-		CELL PHONE	-
Section No.	CES, CES2, CESN No.	Title of Class		Amount
				\$        .
				\$
				\$
				\$
				\$
				\$
				\$
			TOTAL:	\$

**Email to:** SCECH@Schoolcraft.edu

**Submission deadline:** You must apply for SCECHs by **June 9**, 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.