REGISTRATION FORM



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 2.	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
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	
DAY PHONE EVENING PHONE CELL	- - PHONE
Section No. CES, CES2, CESN No. Title of Class	Amount
	\$
	\$
	\$
	\$
	\$
	\$
	\$ <u></u> \$

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.