REGISTRATION FORM



This form will be used to up	Form n per student. Duplicate this form a date your contact information. tact the Registration Office/Answe		1. Are you Hispanic? ☐ Yes 2. Please select one or mor ☐ American Indian or Ala ☐ Asian ☐ Black or Afric ☐ Native Hawaiian or Otl ☐ White	e races: aska Native an American
	DENT NUMBER eassigned to first-time students.	С	ı Male □ Female □ No	n-binary
LAST NAME	FIRST NAME	MI/FORI	MER NAME	
NUMBER AND STREET	CITY			
STATE ZIP CODE EMAIL A	DDRESS			
DAY PHONE	- - EVENING PHONE	CELL PHONE	-	
Section No. CES, CES2, CESN No.	Title of Class	Amo	unt	
		\$		
	·	\$		
	·	\$		
		\$		
	·	\$		
	l	\$		
	·	\$		
		TOTAL: \$		

Email to:

SCECH@Schoolcraft.edu

Submission deadline: You must apply for SCECHs by **January 12**, 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.