

# REGISTRATION FORM



## Personal & Professional Learning

### 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.

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

Male  Female  Non-binary

DATE OF BIRTH

STUDENT NUMBER  
To be assigned to first-time students.

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
			\$
			\$
			\$
			\$
			\$
			\$
			\$
<b>TOTAL:</b>			\$

Email to:  
scech@schoolcraft.edu

**Submission deadline:** You must apply for SCECHs by **May 11**, 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.