

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

--
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
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
TOTAL:			\$ <input type="text"/>

Email to:
scech@schoolcraft.edu

Submission deadline: You must apply for SCECHs by **August 31**, 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.