

# 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"/>
<b>TOTAL:</b>			\$ <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.