



NON-CREDIT REGISTRATION FORM

New Student
 Returning Student
 Last Attended:
Month Year

Please print or type. Use a pencil or black ink pen. Fall Spring Summer

Personal Information	
For Office Use Only	SYSTEM GENERATED Student ID: <input style="width: 150px;" type="text"/>
Name _____ <small style="margin-left: 100px;">Last First MI Former</small>	
Address _____ _____	
City _____ State _____ Zip _____ Parish _____	
Home Phone _____ <small style="margin-left: 100px;">Area Code</small>	
E-mail _____	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small style="margin-left: 100px;">Mo. Day Yr.</small>	
Ethnic Code	
<input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan <input type="checkbox"/> White <input type="checkbox"/> Asian/Pacific Islander/ Indian Subcontinent <input type="checkbox"/> Hispanic <input type="checkbox"/> Other	
U.S. Citizen <input type="checkbox"/> Yes <input type="checkbox"/> No	
How did you hear about us?	
<input type="checkbox"/> TV <input type="checkbox"/> Radio <input type="checkbox"/> WEB <input type="checkbox"/> Newspaper	

Business or Work Information
Business Name _____
Title _____
Address _____ _____
City _____ State _____ Zip _____ Parish _____
Phone _____ - _____ - _____ <small style="margin-left: 100px;">Area Code</small>
FAX _____ - _____ - _____ <small style="margin-left: 100px;">Area Code</small>

Payment Information
<input type="checkbox"/> Cash P.O. must accompany registration
<input type="checkbox"/> Check <input type="checkbox"/> Money Order (enclosed)
<input type="checkbox"/> MasterCard Expiration Date _____
<input type="checkbox"/> Visa Expiration Date _____
Account No. _____
Name on Card _____
Signature _____

WCCE#	CRN#	COURSE TITLE	START DATE	FEE
TOTAL				