



## Corporate and Continuing Education Registration Form

Legal Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Primary Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ County: \_\_\_\_\_

### Educational Level: Choose Highest Grade Completed

- |  |  |
|--|--|
| <input type="checkbox"/> First Grade   | <input type="checkbox"/> Tenth Grade                 |
| <input type="checkbox"/> Second Grade  | <input type="checkbox"/> Eleventh Grade              |
| <input type="checkbox"/> Third Grade   | <input type="checkbox"/> Graduated from High School  |
| <input type="checkbox"/> Fourth Grade  | <input type="checkbox"/> GED Diploma                 |
| <input type="checkbox"/> Fifth Grade   | <input type="checkbox"/> Adult HS Diploma            |
| <input type="checkbox"/> Sixth Grade   | <input type="checkbox"/> One Year Vocational Diploma |
| <input type="checkbox"/> Seventh Grade | <input type="checkbox"/> Associate's Degree          |
| <input type="checkbox"/> Eighth Grade  | <input type="checkbox"/> Bachelor's Degree           |
| <input type="checkbox"/> Ninth Grade   | <input type="checkbox"/> Master's Degree or Higher   |

### Race:

- ☐ White  
☐ Black or African American  
☐ Asian  
☐ Hawaiian\Pacific Islander  
☐ American\Alaska Native  
☐ Unknown

### Gender:

- ☐ Male  
☐ Female

### Ethnic Background:

- ☐ Non-Hispanic\Latino  
☐ Hispanic\Latino

### Current Employment Status:

- ☐ E1 Employed 1-10 hours  
☐ E2 Employed 11-20 hours  
☐ E3 Employed 21-39 hours  
☐ E4 Employed 40 or more  
☐ Unemployed  
☐ Retired

### EMS\FIRE\Law Enforcement Classes Only

Name of Department\Agency: \_\_\_\_\_ SS #: \_\_\_\_\_

Waive of Accident Insurance: Optional student accident insurance is available to all students enrolled in courses at Rowan-Cabarrus Community College at a cost of \$2.43. Payment is due at the time of registration. Initial here if you do not wish to purchase the insurance. \_\_\_\_

- ☐ I certify that I am 18 years of age or older and not enrolled in public schools. I authorize class information be released to appropriate certifying agency and/or Department Officer.

or

- ☐ I certify that I am 18 years of age or younger, enrolled in public school, and have provided dual enrollment form from my high school

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

To register by Mail, complete, attach cash or check payment and mail to:

Rowan-Cabarrus Community College

Navigation Station

P.O. Box 1595

Salisbury, NC 28145-1595

### Payment Method: Payment is due at the time of registration

- ☐ Cash  
☐ Check # \_\_\_\_\_  
☐ Credit Card  
☐ Billing\Sponsor

Please email [coned@rccc.edu](mailto:coned@rccc.edu) for questions

### For Office Use Only

Datatel ID: \_\_\_\_\_ Contract Number: \_\_\_\_\_ Director: \_\_\_\_\_ Fee: \_\_\_\_\_

Course Name\Code: \_\_\_\_\_

Start\End Date: \_\_\_\_\_ Time: \_\_\_\_\_ Days: \_\_\_\_\_

Location: \_\_\_\_\_ Instructor: \_\_\_\_\_

Waiver Code:

CEPFR

CEPRS

CEVFR

CEPLW

CERCT

CEVRS

CECPR

CECOR

CEDJJ

Other: \_\_\_\_\_

Entered in Datatel By: \_\_\_\_\_ Date: \_\_\_\_\_