

Workforce Education Registration Form

FOR OFFICIAL USE ONLY

STUDENT #

QUARTER

How did you hear about this course?

- ☐ E-mail newsletter ☐ College's website ☐ Other website ☐ Received schedule in mail
☐ Picked up a schedule ☐ Shoreline newspaper ☐ Postcard ☐ Friend
☐ Other _____

Name* _____ Gender: ☐ Female ☐ Male

E-mail* _____ Date of Birth (MM/DD/YYYY)* ____/____/____

Address (number, street and apt. #)* _____

City* _____ State* _____ Zip* _____

Day Phone* _____ Cell / Evening Phone _____

Required fields are indicated by an asterisk ()*

Item #	Class	Time	Start Date	Fee
Total Fee				

Payment method (check one)

☐ Check payable to Shoreline Community College

☐ Visa

☐ MasterCard

Name (as it appears on card) _____

Account Number _____ Expiration date _____