



Davidson-Davie COMMUNITY COLLEGE

Continuing Education Registration Form

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Important: The information collected on this form will be kept confidential and used only for legitimate College purposes including registration for courses, maintenance of student and permanent record (transcript) and reports required by the State of North Carolina and the federal government.

Unsigned or Incomplete forms will not be processed. Print clearly.

Course CID#: _____

Course Title: _____

Registration Fee: \$ _____ Material Fee: \$ _____

Technology Fee: \$ _____ Other Fees: \$ _____

Employment: _____ Retired and not employed
_____ Unemployed – not seeking employment
_____ Unemployed – seeking employment
_____ Employed 1 – 10 hours per week
_____ Employed 11 – 20 hours per week
_____ Employed 21 – 39 hours per week
_____ Employed 40 or more hours per week

Highest level of education completed (1-12): _____

Or check one: _____ High School Graduate
_____ Adult High School Diploma
_____ GED Graduate
_____ Post High School Vocational Diploma
_____ Associate's Degree
_____ Bachelor's Degree
_____ Master's Degree or Higher

Accident Insurance covering the hours in College and transportation To and from the class site is available for \$1.25. Do you want accident Insurance? _____ Yes _____ No **Note:** Insurance required for some courses.

Full Name: _____

Address: _____

Apartment #: _____

City: _____ Zip: _____

State: _____ County: _____

DCCC Student ID Number: _____

Social Security Number: _____ - _____ - _____

Date of Birth: _____ - _____ - _____ Age: _____

Race: _____ American/Alaska Native _____ Asian
_____ Black or African American _____ White
_____ Hawaiian/Pacific Islander _____

Ethnic: _____ Hispanic/Latino _____ Non-Hispanic/Latino

Gender: _____ Male _____ Female

Home Phone: () _____

Cell Phone: () _____

If you are fee exempt for this course, YOU MUST indicate the agency affiliation or YOU will be responsible for payment!

_____ Firefighter Public Agency _____ Law Enforcement Officer
_____ Firefighter Vol Agency _____ EMS/Rescue Public Agency
_____ EMS Rescue Vol Agency _____ Named in EOP Plan
_____ Elem/Secondary School Employees _____ Emergency Management
_____ Telecommunicator/Dispatcher _____ Detention Officer
_____ Other: _____ DACJJ Certified Officer

Agency Affiliation: _____

By signing this form below you are verifying that you are actively affiliated with the public safety agency above and that you hold the job classification marked.

Note: A Public Agency is a County, State or Municipal Agency

If this is to be billed to an agency, please complete this section (Authorization on company letterhead must be attached with this registration form.)

Attention Of: _____

Company: _____

Address: _____

City, State, Zip: _____

Email Address: _____

STUDENT SIGNATURE: _____ Date: _____