

MT. SAC COMMUNITY EDUCATION & NONCREDIT REGISTRATION FORM

Print Last Name	First	MI	Former/Maiden Name	Social Security # ____ / ____ / ____
Street Address			City	Zip
Home Telephone ()		Work Telephone ()		Date of Birth ____ / ____ / ____
E-mail Address			Sex <input type="checkbox"/> Female <input type="checkbox"/> Male	

Ethnic Identity (Circle one)

A. Asian	E. Korean	I. Other Asian	M. Mexican/Mexican American	Q. Middle Eastern	U. Hawaiian
B. Chinese	F. Laotian	J. African American/Black	N. Central American	R. Caucasian/White	V. Samoan
C. Asian Indian	G. Cambodian	K. Filipino	O. South American	S. American Indian/Alaskan Native	W. Other Pacific Islander
D. Japanese	H. Vietnamese	L. Hispanic	P. Other Hispanic	T. Guamanian	X. Other Non-White

High School Education (Circle one)

A. Special student currently enrolled grades K-10	D. Earned a U.S. high school diploma. If a high school graduate/certificate, YEAR AWARDED: _____	F. Earned a Certificate of the CA High Schools Proficiency Exam
B. High School Student currently enrolled in grades 11-12	E. Passed the GED or earned a CYA diploma	G. Earned a Foreign Secondary diploma
C. Not a high school graduate and not currently attending high school		H. Attending adult school to earn high school diploma

Describe Your Educational Goal (Circle one)

1. Earn a vocational certificate without transfer 2. Discover/formulate career interests, plans, goals 3. Prepare for a new career (acquire job skills) 4. Advance in current job/career (update job skills) 5. Maintain certificate or licence (e.g. Nursing, Real Estate) 6. Educational development (intellectual, cultural)	7. Improve basic skills in English, reading or math 8. Complete credits for high school diploma or GED 9. Undecided on goal 10. To move from noncredit coursework to credit coursework
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Primary Language
 English Non-English

Class Selections (List class titles)	Reference No.	Fee	Instructor Name	Class Time	Start Date
1.					
2.					
3.					
4.					

Student Signature: _____	\$	FEE TOTAL (Payment is due at time of registration)	•• Office Use ONLY ••
Today's Date: _____			

(COMPLETE THIS SECTION IF MAILING OR FAXING) VISA • MasterCard • DISCOVER only

Card No. _____ **\$3.00**

Expiration Date _____

Print Name _____ Authorized Signature _____

Nonrefundable service charge for credit card transactions only
GRAND TOTAL to be charged