

# Community Ed Registration Form

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

Social Security Number \_\_\_\_\_

**Source Code:**

**0206ON**

Address \_\_\_\_\_ County \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip+4 \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work/Other Phone (\_\_\_\_) \_\_\_\_\_

E-mail Address \_\_\_\_\_

Course Code or Prefix and Number	Course Title	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
<b>Total</b>		_____

*The following items are requested for state reporting:*

Circle one: male/female

Birthdate: \_\_\_\_\_

Highest degree earned:

- |   |  |
|---|--|
| <input type="checkbox"/> None               | <input type="checkbox"/> Bachelor's Degree                   |
| <input type="checkbox"/> GED                | <input type="checkbox"/> Master's Degree                     |
| <input type="checkbox"/> H.S. Diploma       | <input type="checkbox"/> 1 <sup>st</sup> Professional Degree |
| <input type="checkbox"/> Some College       | <input type="checkbox"/> Doctoral Degree                     |
| <input type="checkbox"/> Certificate        | <input type="checkbox"/> Other                               |
| <input type="checkbox"/> Associate's Degree |  |

Ethnic Origin:

Are you Hispanic or Latino? Yes No

Are you from one or more of the following racial groups:

- American Indian or Alaskan Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Please identify your **primary** racial/ethnic group from the choices listed above: \_\_\_\_\_

Are you in the United States on a Visa – Nonresident Alien?

Yes No If yes, please indicate Visa type? \_\_\_\_\_

Country of origin \_\_\_\_\_

FOR OFFICE USE ONLY: EmplID \_\_\_\_\_

Date Received \_\_\_\_\_ Time \_\_\_\_\_ Initials \_\_\_\_\_  Residency code entered: \_\_\_\_\_

Method of Registration \_\_\_\_\_ Registration Information Entered \_\_\_\_\_  Residency already in PS

Payment Applied \_\_\_\_\_ Amount: \_\_\_\_\_ Confirmation Mailed \_\_\_\_\_

Method of payment: Check# \_\_\_\_\_ Cash\_\_ MC\_\_ Visa\_\_ Discover\_\_ AMEX\_\_

Bill Student: \_\_\_\_\_ Bill Company: \_\_\_\_\_

**CEA WWW** ..... Register by phone: 309-268-8160

Check enclosed, payable to Heartland Community College  
 Please charge my credit card for the fees indicated above.  
 Master Card  Visa  Discover Card  American Express  
 Card# \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 Signature \_\_\_\_\_