

REGISTRATION FORM

Please print clearly.

SEMESTER:

YEAR:

Name: _____
Last First MI Previous

Address: _____
Street Address City State Zip E-mail address

County of Residence: _____ Phone: (_____) _____

Social Security Number: _____ Birth Date: _____
Month/Day/Year

Gender: Male Female Veteran: Yes No Branch: _____

Race/Ethnicity: White Black Hispanic Asian Pacific Islander American Indian Other

High School: _____ United States Citizen: Yes No

High School Graduate or GED Year HS Diploma/GED Earned: _____

Name of Course(s): _____

To authorize SIC to send or email your CPR card to your employer for distribution please check the following box:

I certify that all of the information that I have provided on this application is complete and accurate to the best of my knowledge, and I agree to observe all of the rules and regulations of the institution at which I am enrolled.

Student Signature: _____
(This is verification that the name and address above is on my driver's license.)

Date: _____
Instructor's initials: _____

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