



Corrections Education NONCREDIT REGISTRATION FORM

PLEASE TYPE OR PRINT WITH A BALL POINT PEN.

Name _____
Last First Middle

Address PO Box 1899

City Airway Heights State WA ZIP 99001

U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No	GENDER <input type="checkbox"/> Female <input type="checkbox"/> Male	BIRTH DATE MO. DAY YR. <table border="1" style="width: 100px; height: 20px; margin: 0 auto;"> <tr> <td style="width: 33px;"></td> <td style="width: 33px;"></td> <td style="width: 33px;"></td> </tr> </table>			

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STUDENT IDENTIFICATION NUMBER

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SOCIAL SECURITY NUMBER

To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report Hope Scholarship/Life Time tax credit; to administer state/federal financial aid; to verify enrollment, degree and academic transcript records; and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1(e)(4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure. If you refuse to provide your SSN, please write "REFUSED" in the SSN boxes above. Contact the CCS Business office at (509)434-5275 with questions.

DOC #

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WHAT RACE/ETHNICITY DO YOU CONSIDER YOURSELF TO BE?

- | | | | | |
|-------------------------------------------------|-----------------------------------------|------------------------------------------------|-------------------------------------------------------|-------------------------------------------|
| <input type="checkbox"/> African American (872) | <input type="checkbox"/> Chinese (605) | <input type="checkbox"/> Korean (612) | <input type="checkbox"/> White (800) | <input type="checkbox"/> Other race (799) |
| <input type="checkbox"/> Alaskan Native (015) | <input type="checkbox"/> Filipino (608) | <input type="checkbox"/> Native Hawaiian (653) | <input type="checkbox"/> Other Asian (621) | (please specify) |
| <input type="checkbox"/> American Indian (597) | <input type="checkbox"/> Japanese (611) | <input type="checkbox"/> Vietnamese (619) | <input type="checkbox"/> Other Pacific Islander (681) | _____ |

Are you of Spanish/Hispanic/Latino ethnicity?

- | | | |
|------------------------------------------------------------------------|--------------------------------------------------|-------------------------------------------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes: Puerto Rican (727) | <input type="checkbox"/> Yes: Other Spanish/Hispanic/Latino (717) |
| <input type="checkbox"/> Yes: Mexican, Mexican American, Chicano (722) | <input type="checkbox"/> Yes: Cuban (709) | (please specify) _____ |

ITEM	CLASS DATE	COURSE TITLE	LOCATION

PREVIOUS EDUCATION

Name of last high school attended _____ City _____ State _____
 Date you **graduated** or will graduate: Month _____ Year _____ If you did not graduate, indicate last year attended _____
 Have you successfully completed the GED test? Yes No

STUDENT STATUS Select only one best response for each question and circle numbers below

- | | | | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| How long do you plan to attend this college?
11 One Quarter
12 Two quarters
13 One year
14 Up to two years, no degree planned
15 Long enough to complete a degree
16 I don't know
<input checked="" type="radio"/> 90 Other | What will be your work status while attending college?
11 Full-time homemaker
12 Full-time employment (includes self-employment and military)
13 Part-time off campus
14 Part-time on campus
15 Not employed, but seeking employment
16 Not employed, not seeking employment
<input checked="" type="radio"/> 90 Other | What is your prior level of education?
10 Less than 9th grade
<input checked="" type="radio"/> 11 Less than high school graduation
12 GED
13 High school graduate
14 Some post high school, but no degree or certificate
15 Certificate (less than 2 years)
16 Associate degree
17 Bachelor's degree or higher
90 Other | What is your current family status?
11 Single parent with children or other dependents in your care
12 Couple with children or other dependents in your care
13 Without children or other dependents in your care
<input checked="" type="radio"/> 90 Other | What is your main long-term goal for attending this community college?
11 Take courses related to current or future work
12 Transfer to a four-year institution
<input checked="" type="radio"/> 13 High school diploma or GED
14 Explore career direction
15 Personal enrichment
90 Other |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Do you have a physical or mental impairment that substantially limits one or more major life activities** (i.e., seeing, hearing, speaking, walking, learning or working)? Yes No ** See the Community Colleges of Spokane quarterly class schedule for ADA information.

I authorize CCS GED Testing Department to exchange testing information about me to CCS employees who have a legitimate educational interest in knowing this information. I understand that the information may be provided verbally or by computer data transfer, mail, fax or hand delivery.

Student's signature _____ **Date** _____