Fill-in registration form, print, sign in ink, and mail completed form with your payment.													
Gaston College Economic and Workforce Development Continuing Education											G		
Colleague ID Number or Social Security Number			APPLICATION AND REGISTRATION FORM									N	Date (MM/DD/YYYY)
Last Name (Jr., Sr.)			First Name										Middle Name
Number, Street, Rural Route, P.O. Box													
		Sta					ate Zip Code			Code		County	
White Black Hispanic Asian AM Indian Other Race (Check)									Date of Birth (N				(MM/DD/YYYY) Sex (Check)
Home Phone (Including Area Code Retired									Employe				over or Department Membership
Part-Time Unemployed Full Time Employment (Check One)	3 4	5 6	7	8 9	10	11	12	13	14	15	16	17	G E D D 13-Adult High School I4-Post HS Vocational Diploma I5-Associate Degree 16-Bachelor's Degree 17-Master's Degree or Higher
	<u> </u>		<u> </u>	I		1				I			Education Legend
Yes No GED Last High School Attended Graduated High School								Date Last Attended High School					
Name of Course							CIN Number						Course Start Date (4 Digit Year - EX: 2008)
Course Time		M Course Location						W				SU	If any of the following apply to you, please check: U. S. Citizen Y N
If a							Course Days (Check) any of the following apply to you, please check: Single Parent					bly	Eligible Legal AlienYNNaturalized CitizenYNNon-resident AlienYN
E-mail Address Head of Household										Lipsola and East Computers). The undersigned for			
RELEASE: This is to certify that the undersigned has enrolled in a course or other training under the auspices of Gaston College (Dallas, Lincoln, and East Campuses). The undersigned, for adequate consideration of the offering of such course by Gaston College, (Dallas, Lincoln, and East Campuses), hereby releases Gaston College, (Dallas, Lincoln, and East Campuses), or its instructors and agents from any claims for personal or property damage sustained by undersigned in connection with such training, either on or off campus except in the event of willful negligence by Gaston College, (Dallas, Lincoln, and East Campuses), or their agent. Further, permission is given to Gaston College to release Firefighter/Rescue Certification Training records to the NC Fire & Rescue Commission of the NC Department of Insurance.													
Signature of Student (Sign in Ink after Printing)											Date		
Name of Department (Fire, Rescue, Police)													
Cost \$		CR	EDIT CA		(VISA	, MAS	STEF	RCAR	D, D	ISCC	VER,	, or AM	VALK-IN OR ONLINE REGISTRATION ERICAN EXPRESS)
Fee(s) \$	Fee(s) S DALLAS WALK-IN REGISTRATION WILL BE OFFERED MONDAY-THURSDAY, 8:30 AM-4:30 PM & FRIDAY, 8:30 AM-3:30 PM, MYERS CENTER ROOM-MC 210												
Total Due \$													
PROVIDE SEPARATE FORMS/PAYMENT FOR EACH CLASS Revised 02/03/17													