



COMMUNITY EDUCATION REGISTRATION FORM

One Stop Student Services - onestop@cwidaho.cc - 208.562.3000 phone - 888.562.3216 fax
 5500 East University Way - Nampa, ID 83687 - www.cwidaho.cc

*LAST NAME	FIRST NAME	M.I.	STUDENT ID -OR- SOCIAL SECURITY NUMBER
*MAILING ADDRESS	CITY	STATE	*ZIP
COUNTY	*CITIZENSHIP COUNTRY		
PHONE NUMBER (INCLUDING AREA CODE)	*DATE OF BIRTH		

*Required information

If you are under 16 years old there may be additional paperwork required.

PERSONAL IDENTIFICATION

*Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: <input type="checkbox"/> American Indian/Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Hawaiian/Pacific Islander <input type="checkbox"/> White	Educational Goals: <input type="checkbox"/> Certificate <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor <input type="checkbox"/> Second Bachelor <input type="checkbox"/> Not Seeking Degree/Certificate
Reason for Taking: <input type="checkbox"/> Need for my current job <input type="checkbox"/> For future job skills <input type="checkbox"/> For my/my family's health <input type="checkbox"/> Just for fun <input type="checkbox"/> To explore new interests	How you Learned of us: <input type="checkbox"/> From a newspaper ad <input type="checkbox"/> From a radio ad <input type="checkbox"/> From a brochure or flyer <input type="checkbox"/> A friend recommended it <input type="checkbox"/> I found it on the web <input type="checkbox"/> Previous classes here

ADD COURSES

Course #	Title	Start Date	End Date	Tuition/Fees

DROP COURSES

Course #	Title	Start Date	End Date	Tuition/Fees

GUIDELINES/SIGNATURES

I certify that all the information reported on this document is true and correct to the best of my knowledge. I understand that if I purposely give false or misleading information I may be subject to a fine, imprisonment, or both.

STUDENT SIGNATURE

DATE