

## Community Education Registration

### Personal Information

**Name:** \_\_\_\_\_  
Last First Middle Previous Last Name

**Address:** \_\_\_\_\_  
Street City State Zip

**Email:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**SSN #:** \_\_\_\_\_ **SID #:** \_\_\_\_\_ **Gender:**  Male  Female

**US Citizen:**  Yes  No **How long have you lived in WA:** \_\_\_\_\_

**Returning Student:**  Yes  No **Date of Birth:** \_\_\_\_\_

### Course Information

**Quarter:**  Winter  Spring  Summer  Fall **Year:**  2019  2020  2021  2022

Course Name	Course Line #	Dept	Course #	Section	Price

### Credit Card Authorization

**Card Type:**  Visa  Mastercard

**Card Number:** \_\_\_\_\_

**Card Holder's Name:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVV:** \_\_\_\_\_

### Staff Signature

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_