Workforce Development Division
Registration Form
www.snead.edu
Phone: 256.840.4152
Fax: 256.571.0609

Snead State Community College, Business Office, PO Box 734, Boaz, AL 35957
Non-credit courses are subject to cancellation if there is insufficient enrollment.

Name_____________________________ Student Number (for office use only)________________

Address _________________________________________________________________________
Street      City     State       Zip Code

Email Address: __________________________________________________________________

Date of Birth _____/_____/_____  Telephone _____/__________________________________

In case of emergency, notify: __________________________ at phone: ______________________

The following information is requested for compliance with state and federal reports/regulations. It does not
affect your admission.

Sex: ___ Female ___ Male

Race: ___ American Indian    ___ Alaskan Native    ___ Asian    ___ Black/African American
       ___ Hispanic/Latino    ___ Native Hawaiian/Pacific Islander    ___ White    ____ Other

ADA: Do you require any special accommodations under the American Disabilities Act?       YES     NO

Education: ___ College Graduate    ___ High School Graduate    ___ GED    ___ High School Student
           ___ I am at least 16 years old, not enrolled in secondary education and am specifically
documenting ability to benefit from this course.

Employment: Are you currently employed?       YES           NO      If yes, where?_______________
If not, do you expect this training to lead to or aid in employment?           YES      NO

How did you hear about this course?        Friend/Relative   Mail       Newspaper        Other: __________

Course Number      Title of Course  Date Beginning Time       Instructor
_________________     ___________________ _________ ____ ______     _____________
_________________     ___________________ _____________  ______     _________ ____

Fee $__________

REFUND POLICY: Withdrawal prior to first class meeting, full refund.
Withdrawal after first class mtg. but prior to second class mtg., 75% refund.
After second class meeting, no refund will be given.

Student Signature _______________________________________  Date _____________________

If your employer sponsored your enrollment in this class, your signature authorizes the release of your grades
and attendance to company officials.