



This form is only for Not For Credit Classes
**College of the Redwoods Adult & Community
 Education**

525 D Street Eureka, CA 95501
 Phone: 707-476-4500
 Fax: 707-443-3417

Office Use Only

ID # _____
 Initials _____
 Date _____
 Receipt # _____

Full Legal Name:

_____ *Last* _____ *First* _____ *Middle*

Are you currently, or have you previously, taken classes at College of the Redwoods? Yes No

Alternate Names Used:

_____ *Birth Name* _____ *Married Name* _____ *Other*

Mailing Address (include City, State, and Zip):

Phone Number(s):

Email: _____ **Email Newsletter** Yes No

How did you hear about this class?

Date of Birth *(required)*

SSN *(required if you're a new student)*

Student ID

Section #	Course Title	Date	Time	Location	Fee

Are you employed? If yes, Please complete this section Yes No

Name of Employer: _____

Company Contact: _____ Company Phone: _____

Company Mailing Address: _____

How will you be paying for the class today?: Cash Check Credit Card Money Order Sponsorship

Sponsor: _____ Contact: _____ Phone: _____

Sponsor Email: _____

Visa/MasterCard/Discover: _____ Exp. Date: _____

Name As It Appears on Card: _____

Billing Address: (include City, State and Zip): _____

Phone #: _____ E-Mail Address: _____