



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  
 E-Mail: ace@redwoods.edu

**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: \_\_\_\_\_