



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

<u>Office Use Only</u>	
ID # _____	_____
Initials _____	_____
Date _____	_____
Receipt # _____	_____

Full Legal Name:		
_____	_____	_____
<i>Last</i>	<i>First</i>	<i>Middle</i>
Are you currently, or have you previously, taken classes at College of the Redwoods? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Alternate Names Used:		
_____	_____	_____
<i>Birth Name</i>	<i>Married Name</i>	<i>Other</i>
Mailing Address (include City, State, and Zip):		
Phone Number(s):		
Email:		Email Newsletter <input type="checkbox"/> Yes <input type="checkbox"/> No
How did you hear about this class?		
Date of Birth <i>(required)</i>	SSN <i>(required if you're a new student)</i>	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?: Cash Check Debit/Credit Nelnet 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: _____