



**College of the Redwoods
Community Education**

525 D Street Eureka, CA 95501
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:

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

Is your employer paying for this class? Yes No

Name of Employer: _____

Company Contact: _____ Company Phone: _____

Company Mailing Address: _____

Payment: Cash Check Credit Card Money Order Sponsorship

Sponsor: _____ Contact: _____ Phone: _____

Sponsor Email: _____

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

Name As It Appears on Card: _____

By registering for a CR Community Education class you agree to the registration policies.
Policies can be viewed at <http://www.redwoods.edu/communityed/Register-for-Classes>

Office Use Only

Book/Packet Mailed On: _____ Student Pick up Picked Up On _____ **Certificate** Mail Pick up

Notes: _____