



Mail to: Western Piedmont Community College
 Business Office/Fire College
 Attn: Hope McPeters
 1001 Burkemont Avenue
 Morganton, NC 28655

The following information is mandatory for **ALL STUDENTS**. IF THIS INFORMATION IS NOT PROVIDED, THE STUDENT CAN NOT BE REGISTERED FOR THE REQUESTED CLASS

| | | | | | |
|------------------|----------------|-------------|-------------|-----------------|-----------|
| Last Name: | | First Name: | | Middle Initial: | |
| | | City: | | State: | Zip Code: |
| County: | Home Phone: | Work Phone: | Cell Phone: | | |
| **Date of Birth: | Email Address: | | | | |

| | |
|--|--|
| Employment Status: <input type="checkbox"/> (R) Retired <input type="checkbox"/> (UN) Unemployed – Not Seeking Employment <input type="checkbox"/> (US) Unemployed – Seeking Employment <input type="checkbox"/> (E1) Employed – 1-10 hours per week <input type="checkbox"/> (E2) Employed – 11-20 hours per week <input type="checkbox"/> (E3) Employed – 21-39 hours per week <input type="checkbox"/> (E4) Employed – 40+ hours per week | Highest level of education that you have COMPLETED (1-12): _____ Month/Year last attended High School: _____ |
| | <input type="checkbox"/> (--) GED Diploma <input type="checkbox"/> (13) Adult High School Diploma <input type="checkbox"/> (14) Vocational Diploma <input type="checkbox"/> (15) Associate Degree <input type="checkbox"/> (16) Bachelor’s Degree <input type="checkbox"/> (17) Master’s Degree or Higher |

**** If you are at least 16 years of age and still enrolled in high school, you must certify, by placing your initials here [] that you are in good academic standing and are making satisfactory academic progress toward graduation prior to being registered for this class.**

Please list your **1st, 2nd and 3rd** choice of classes. Please note that we will make all attempts to register you for the selected class choices; however; if the class/es are full or cancelled, we will automatically register you for the next listed choice.

1st: _____ 2nd: _____ 3rd: _____

PUBLIC SAFETY AND TRAINING PROGRAMS

WPCC and /or the Compliance Office of the North Carolina Community College System reserves the right to ask for verification of fee exemption eligibility from the student and/or agency. If the information within this area is excluded, or not fully completed, the fee waiver will not be given and the cost of the class will be the responsibility of the student. If not paid, further registrations will be restricted until balance is paid in full.

FOR FIRE, RESCUE, LAW ENFORCEMENT, ETC. INFORMATION BELOW IS REQUIRED, CHECK APPROPRIATE BOXES

Volunteer or Paid AND State or Local/County Agency

Department Affiliation (ie: Fire, Rescue, EMS)

Clearly Print Department/Agency Name - No Abbreviations: _____

By placing my initials here [], I certify that I am listed on the official roster, in employment or volunteer services of the above agency.

Student Signature: _____ **Date:** _____

With my signature, I certify that the information provided on this registration form is true and accurate. The college has my permission to release pertinent information on this form to appropriate College staff and, in the event of emergency or illness, I give permission for them to call a local physician. Please be advised that WPCC cannot register you for any class if you have an outstanding debt with the College. If this class is for certification, by affixing my signature above, I grant permission to release the appropriate course information to the certifying agency.

Chief Signature: _____ **Date:** _____



Information in the space below is voluntary and is for record keeping purposes only and will not be used in a discriminatory manner. However, this information is required for federal and/or state reports, and for OSFM certifications. After registration into your class, this information will be destroyed.

| | |
|--|--|
| Social Security Number or WPCC Student ID: | Gender: <input type="checkbox"/> Female <input type="checkbox"/> Male |
| Ethnic Origin: (Check one) <input type="checkbox"/> Hispanic (HIS) <input type="checkbox"/> Non-Hispanic/Latino (NHS) *If you select the NHS option, please complete the following RACE section. | Race: (Choose one) <input type="checkbox"/> Alaskan Native/American (AN) <input type="checkbox"/> Asian (AS) <input type="checkbox"/> African American (BL) <input type="checkbox"/> Caucasian (WH) <input type="checkbox"/> Hawaiian/Pacific Islander (HP) |