



# REGISTRATION FORM

Please use black or blue ink to complete this form. Thank you for printing.

Indicate if you are a  Returning or  New student

Social Security # **or** Student I.D.# \_\_\_\_\_ Birthdate \* \_\_\_\_\_

Name \_\_\_\_\_  
Last First Middle Previous names

Mailing address \_\_\_\_\_  
Street City State County Zip

Telephone \_\_\_\_\_  
Home Work

High school attended \_\_\_\_\_  
name location graduation date

Today's date: \_\_\_\_\_

- Fall 20 \_\_\_\_\_
- Winter 20 07
- Spring 20 \_\_\_\_\_
- Summer 20 \_\_\_\_\_

Providing your Social Security number is voluntary. If you provide it, the college will use your Social Security number for keeping records, doing research, aggregate reporting, extending credit and collecting debts. Your Social Security number will not be given to the general public. If you choose not to provide your Social Security number, you will not be denied any rights as a student. Please read the statement in the Schedule of Classes which describes how your number will be used. Providing your Social Security number means that you consent to the use of the number in the manner described.

\* If you're under 18, additional permissions may be required before you can register for classes.

5/2005

CCC would appreciate your response to the following.

**Gender**

- Male  Female

**Ethnicity**

- American Indian/Alaska Native  
 Asian/Pacific Islander  Black/Non-Hispanic  
 Hispanic  White/Non-Hispanic

**Residency/Student Type**

Required for tuition purposes

- In State** (US citizen or permanent resident of Oregon, CA, ID, WA, or NV 90 days prior to first day of class.)  
 Immigrant  Refugee  Other  
 **Out of State:**  
 US citizen and permanent resident outside of Oregon, CA, ID, WA, or NV  
 International visitor (B, J, H or other nonstudent Visa)  
 International student (requires I-20)

**Indicate your program title and code:** Please refer to the CCC Program Offerings page for a list of program titles and codes

Fire Science (Wildland)  
Program Title

Program Code:  AAOT  ASOT  AAS  AGS  CC  NA

**Previous College Attendance**

Yes  No \_\_\_\_\_  
Name of school

**Educational Goals**

- Earn a degree/certificate  
 Transfer classes  
 Learn job skills  
 Update job skills  
 High school completion/GED  
 Explore career/academics  
 Reading/writing/math skills  
 Learn English language  
 Personal interest  
 Other Job requirement

Initial registration this term or  Add classes to current schedule

6-Digit Course Reg.#	A-F	P/NP	Audit	Course Title	Credits	Instructor Signature (required once classes have begun)	Tuition/Fees
<input type="checkbox"/> FRP-009-0				Language Skills Assessment	.4ceut		\$75
<input type="checkbox"/> FRP-009-4				Language Skills Prep class *	.4ceut		\$75

\*The Language Skills Prep class is not required. Please check the box if you would like to register for the prep class.

I AUTHORIZE RELEASE OF MY STUDENT RECORDS TO MY EMPLOYER AND OREGON DEPT. OF FORESTRY WHILE I AM EMPLOYED AND PARTICIPATING IN THE LANGUAGE SKILLS ASSESSMENTS FOR WILDLAND FIREFIGHTERS.

GOVERNMENT, STATE, OR FEDERALLY APPROVED PHOTO ID IS REQUIRED TO TEST.

Student Signature \_\_\_\_\_ date: \_\_\_\_\_

Fax to: 503-650-6687 or

Mail to: Clackamas Community College, Training Center Rm T128, 19600 S Molalla Ave. Oregon City, OR 97045