John A. Logan College
Carterville, IL 62918

Continuing Education Registration Form

STUDENT INFORMATION				
Last Name	First Name		Middle Initial	College Identification Number (NO SS#)
Street Address (No PO Box's Please)	City		State	Zip Code
Date of Birth Mo/Day/Yr / /	Sex: ☐ Male ☐ Female	Home/Cell No. (Plus area code)	Business Phone No. (Plus area code)	E-mail Address

COUNTY OF RESIDENCE
- ☐ Williamson .....(199)
- ☐ Jackson .....(077)
- ☐ Franklin.....(055)
- ☐ Randolph .....(157)
- ☐ Perry.....(145)
- ☐ _____ *(specify other)*

ETHNIC ORIGIN (check all that apply)
- ☐ Asian (Pacific Islander) ..... (1)
- ☐ American Indian or Alaska Native ..... (2)
- ☐ Black/African American..... (3)
- ☐ Hispanic ..... (4)
- ☐ White ..... (5)
- ☐ Other_____*(6)*

RESIDENCE STATUS
- ☐ In-district ..... (1)
- ☐ Out-of-district ... (2)

HIGHEST DEGREE EARNED
- ☐ (D) Doctoral Degree
- ☐ (P) 1st Professional Degree
- ☐ (M) Master's Degree
- ☐ (B) Bachelor's Degree
- ☐ (A) Associate Degree
- ☐ (C) Certificate
- ☐ (S) Some College
- ☐ (H) High School Diploma
- ☐ (G) GED
- ☐ (N) None
- ☐ (O) Other

STUDENT INTENT
- ☐ To prepare for transfer to a 4-yr college or university.
- ☐ To improve skills for my present job.
- ☐ To prepare for future job immediately after attending community college.
- ☐ To prepare for the GED test or improve basic academic skills.
- ☐ For personal interest/self-development (not career-oriented).
- ☐ Unknown/other.

HIGH SCHOOLS ATTENDED
- ☐ 140510 – Carbondale
- ☐ 140555 – Carterville
- ☐ 142770 – Crab Orchard
- ☐ 141655 – Du Quoin
- ☐ 141785 – Elverado
- ☐ 142250 – Herrin
- ☐ 142365 – Johnston City
- ☐ 142775 – Marion
- ☐ 143100 – Murphysboro
- ☐ 144360 – West Frankfort
- ☐ 140485 – Trico
- ☐ 999999 – Other (Specify) _____
- ☐ 888888 – GED
- ☐ Graduation Year_____

This is verification that my address above is the one on my driver's license, State ID, and/or my voter's registration card.

_____ _____
Signature **Date**

If attending a camp, please indicate:
Tee-Shirt Size: Child: S _____ M _____ L _____
Adult: S _____ M _____ L _____ XL _____

COURSE INFORMATION				
Course Name	Course Number	Section Number	Tuition	Fee
		Totals		

METHOD OF PAYMENT
- ☐ Check payable to John A. Logan College
- ☐ Money order ☐ VISA ☐ Cash $_____
- ☐ Discover ☐ MasterCard

_____ _____
Card Number Expiration Date

_____ _____
Signature *(if using credit card)* Date

*Three digit code on back of credit card_____

Insurance. John A. Logan College does not provide accident insurance for any student registered in a continuing education class. Students wanting such coverage should make arrangements with their local insurance agent.

Withdrawal/Refunds: Students in continuing education classes may withdraw and receive a full refund by contacting the Continuing Education Office prior to the second class meeting. No refunds will be given after the second class meeting.

Fax Number 1-618-985-2762

10-17-01-1b *(rev 11-14-11)*