Reading Area Community College **www.racc.edu** **RACC ID #:**_____

Workforce and Economic Development/Community Education Registration Form

PLEASE PRINT LEGIBLY in blue or black ink.

FULL LEGAL NAME: _____ _____ _____
Last Name First Name Middle Name

Previous Name(s) used (if applicable): _____

Social Security Number: _____ - _____ - _____

The federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is not mandated by law; however, failure to do so may delay or prevent your enrollment. The College uses your Social Security Number to maintain accurate academic and financial records. In addition, the financial aid application and tax credit information require the Social Security Number. The College will not disclose your Social Security Number for any purpose not required by law without your consent. Additional paperwork will be required if you choose not to provide your Social Security number.

DATE OF BIRTH: _____ _____ _____ **SCHOOL DISTRICT IN WHICH YOU LIVE:** _____
Month Day Year

PERMANENT ADDRESS: _____ Apt. # _____
Street Address

_____ _____ _____ _____@_____
City State Zip Code Email

PHONE NUMBERS: _____ _____ _____
Home Work Cell

EMERGENCY CONTACT INFORMATION:

In case of emergency, contact:_____ Phone:_____ _____
Daytime Evening

Citizenship Status:

Country of Birth: _____ **Are you a United States citizen?** ☐ Yes ☐ No

Non-US Citizens: **I am a citizen of:** _____

Are you a permanent US resident?

☐ Yes My alien registration number is: A_____
PLEASE SUBMIT A PHOTO COPY OF YOUR PERMANENT RESIDENT CARD WITH YOUR REGISTRATION FORM.

☐ No I am not a U.S. Citizen or permanent resident. My VISA classification is: _____
PLEASE SUBMIT A PHOTO COPY OF YOUR VISA WITH YOUR REGISTRATION FORM.

Military Status:

Are you a US Veteran? ☐ Never Served ☐ Active Duty ☐ Inactive Duty ☐ Veteran ☐ Unknown

FINANCIAL AID INFORMATION: I plan on applying for Financial Aid. ☐ Yes ☐ No Visit www.FAFSA.gov to apply for Financial Aid.

The following information will be used solely for reporting purposes. This information will not be used for admission purposes.

GENDER: ☐ Male ☐ Female **IS ENGLISH YOUR FIRST LANGUAGE?** ☐ Yes ☐ No

ETHNICITY: (check one) ☐ Hispanic/Latino ☐ Non-Hispanic/Non-Latino

RACE: (check one or more)

☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American

☐ Native Hawaiian/Other Pacific Islander ☐ White

What is your father's highest level of education? ☐ Some High School ☐ High School ☐ Some College ☐ College Graduate

What is your mother's highest level of education? ☐ Some High School ☐ High School ☐ Some College ☐ College Graduate

I authorize Reading Area Community College (RACC) to release a copy of my competencies, evaluation and attendance records to my employer and prospective employers who request training information. Additionally, I authorize RACC to release any and all information necessary to secure payment on my behalf to any funding source. I acknowledge my financial responsibility even though I may receive financial aid or other educational assistance to discharge this obligation. I agree to pay all costs and charges necessary for the collection of any amount not paid when due. I also agree to pay all attorney's fees and/or legal fees and court costs.

REQUIRED! SIGNATURE OF REGISTRANT: _____ **DATE:** _____

If the College withdraws a course, your tuition will be refunded in full. Instructor substitutions may be made in emergencies and at the discretion of RACC. **Written refund requests must be received one week before classes begin.** No refunds will be issued after this date. Please allow 2 – 3 weeks for a refund.

Course/Section Number	Course Title	Tuition Amount

*****Tuition payment must be paid at the time of registration.**

Mail to: Cashier's Office, Reading Area Community College, P O Box 1706, Reading, PA 19603

Amount Enclosed: $_____ Please make check payable to Reading Area Community College.

Type of card: ☐ Visa ☐ Master Card ☐ Discover Authorized signature: _____

Card number: _____ - _____ - _____ - _____ Exp. Date: _____ Sec. Code: _____

Register in person at, RACC, 10 S 2nd St., Reading, PA, Berks Hall, Room B107, or by phone with VISA, Master Card, or Discover, at (610) 607-6235 or (610) 607-6231, Monday and Thursday 8:00 am – 4:30 pm; Tuesday and Wednesday 8:00 am – 6:30 pm; Friday 8:00 am – 4:00 pm.

Revised 9-22-16