

You may use this form for all programs offered by the Business Training & Community Education Department. Please duplicate this form as many times as needed. **Required fields are marked with a star \***.

**Cancelled courses and changes:** Classes which have not filled minimum enrollment 5 days prior to the first class may be cancelled. In the event of a course cancellation, you will be notified and your registration fee refunded.

Mail this form to: Community Education Department  
Sauk Valley Community College  
173 Illinois Route 2  
Dixon, IL 61021

Telephone: 815-835-6212  
Fax: 815-380-6383

Social Security Number or Sauk ID Number (optional)

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Method of Payment:  check/money order  cash  
 VISA  MC  Discover  American Express  
credit card number  

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Expiration date: \_\_\_\_\_ month \_\_\_\_\_ year Security Code \_\_\_\_\_  
Signature: \_\_\_\_\_

Name\*: \_\_\_\_\_  
(Last) (First) (MI)

Address\*: \_\_\_\_\_ City\* \_\_\_\_\_ State\* \_\_\_\_\_ Zip\* \_\_\_\_\_

Home/Cell Phone\*: \_\_\_\_\_ Business Phone \_\_\_\_\_ County \_\_\_\_\_

E-Mail Address\*: \_\_\_\_\_

Maiden Name: \_\_\_\_\_ Gender:  Male  Female Birth Date\*: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Where did you find out about this class?** \_\_\_\_\_ (Catalog, Newspaper, Radio, Friend/Family, Social Media, SVCC Website)

SVCC is required to ask the following four questions below, but if you do not feel comfortable answering them leave them blank.

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Asian Pacific Islander | <input type="checkbox"/> Prepare for new or first occupational career     | <input type="checkbox"/> Highest Degree Earned   | <input type="checkbox"/> Veteran Status |
| <input type="checkbox"/> American Indian        | <input type="checkbox"/> Improve present occupational skills              | <input type="checkbox"/> GED                     | <input type="checkbox"/> Non-Veteran    |
| <input type="checkbox"/> Alaskan native         | <input type="checkbox"/> Explore courses for career decision              | <input type="checkbox"/> High School Diploma     | <input type="checkbox"/> Veteran        |
| <input type="checkbox"/> African American       | <input type="checkbox"/> Prepare for transfer to 4-yr institution         | <input type="checkbox"/> Some College, no degree | <input type="checkbox"/> Reservist      |
| <input type="checkbox"/> Hispanic               | <input type="checkbox"/> Remedy basic skills deficiency                   | <input type="checkbox"/> Certificate             |   |
| <input type="checkbox"/> Hispanic Origin        | <input type="checkbox"/> Pursue non-career, personal interest             | <input type="checkbox"/> Associate Degree        |   |
| <input type="checkbox"/> White Non-Hispanic     | <input type="checkbox"/> Prepare for high school diploma equivalency test | <input type="checkbox"/> Bachelor Degree         |   |
|   | <input type="checkbox"/> First Professional Degree                        | <input type="checkbox"/> Masters Degree          |   |
|   |   | <input type="checkbox"/> Doctorate Degree        |   |
|   |   | <input type="checkbox"/> Other                   |   |
|   |   | <input type="checkbox"/> None                    |   |

CRN*	Course name*	Amount Due*

Total Due\* \$ \_\_\_\_\_

**Bill Company:**  
Company Name: \_\_\_\_\_ Attention To: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Date: \_\_\_\_\_ Received by: \_\_\_\_\_ Cash \_\_\_\_\_ Check \_\_\_\_\_ Credit Card \_\_\_\_\_ Bill Company \_\_\_\_\_