



# Self-Supporting Registration & Receipt

**PLEASE NOTE - IF YOU HAVE AN OUTSTANDING BALANCE WITH SCC, YOU CANNOT BE GIVEN CREDIT OR A REFUND FOR THIS COURSE. IN THIS CIRCUMSTANCE, PLEASE NOTIFY THE CLASS COORDINATOR BEFORE COMPLETING REGISTRATION. ADDITIONALLY, IN ALL CIRCUMSTANCES, REGISTRATION FEES ARE REFUNDABLE ONLY IF THE CLASS IS CANCELLED BY SCC.**

Prefix / Number:	<b>SEF-3001</b>	Course Title:	<b>DEFENSIVE DRIVING 4 HOUR</b>	Section#:	
Instructor:		Location:		Registration Fee:	<b>\$75.00</b>
				Revenue Code:	<b>CESSR</b>
Begin – End Date:		Begin – End Time:		Tech Fee:	<b>\$</b>
				Revenue Code:	

<b>PRINT INFORMATION BELOW CLEARLY:</b>	<b>COUNTY WHERE VIOLATION OCCURRED:</b>
---	---

Social Security Number	Last Name	First Name	Mid Initial/Maiden
------------------------	-----------	------------	--------------------

**Have you ever attended SCC in the past under another name?:**  YES  NO **If so, under what name?**

Mailing Address	City	State	Zip	County
-----------------	------	-------	-----	--------

Phone Number-Day	Phone Number-Night	Cell Phone:	Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female	NC Resident: <input type="checkbox"/> Yes <input type="checkbox"/> No
------------------	--------------------	-------------	----------------	--	---

<input type="checkbox"/> White – Non-Hispanic Origin	<input type="checkbox"/> Employed Full time
<input type="checkbox"/> Black – Non Hispanic Origin	<input type="checkbox"/> Employed Part Time
<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Unemployed – seeking employment
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Unemployed – not seeking employment
<input type="checkbox"/> American Indian or Alaskan	<input type="checkbox"/> Retired

Circle Highest Grade Completed    0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17+ or GED

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

**NO LATE ARRIVALS ADMITTED INTO CLASS**

**NO REFUNDS CAN BE GRANTED FOR THIS COURSE**

Paid cash. . . \$75    **CDL:** Yes  No     **Completing a DDC Class does not guarantee a reduction or dismissal of charges incurred. Students are solely responsible for ensuring that this class is acceptable for their individual situation and are responsible for obtaining written approval from the District Attorney Office prior to class.**

**Certification of Accuracy\*Agreement to Abide By College Rules\*Permission to Use Photos** I certify that all the information that I have given in this registration is accurate to the best of my knowledge, and I agree to observe all rules and regulations of Southwestern Community College (SCC). I further agree to allow SCC to publish personal directory information pertaining to scholarships, news releases and to use personal directory information and photos for promotional purposes and to help publicize the college. All students enrolling at SCC shall be deemed to have agreed to publication of personal data and photos as indicated above.

**Drivers License Number-** \_\_\_\_\_ **State-** \_\_\_\_\_

**Citation Number/Violation-** \_\_\_\_\_ **Court Date:** \_\_\_\_\_

<b>Student Signature/ Date:</b>	<b>SCC Representative/Date:</b>
---------------------------------	---------------------------------