

Prefix / Number:	SEF 3001	Course Title:	Defensive Driving/DD4	Contract #	
Begin – End Date:		Location:		Registration Fee:	\$ 60.00
Begin – End Time:		Instructor:		Revenue Code:	CESOC

Social Security Number		Last Name			First Name			Mid Initial
Have you ever attended SCC under another name? If so, please list below:				County in which violation occurred:				
Mailing Address				City		State	Zip	County
Date of Birth	Phone Number- Day	Phone Number- Night	E-Mail Address					
Male ____ Female ____	<input type="checkbox"/> Unemployed <input type="checkbox"/> Employed Part Time <input type="checkbox"/> Employed Full Time <input type="checkbox"/> Retired <input type="checkbox"/> Employer:			<input type="checkbox"/> White – Non-Hispanic Origin <input type="checkbox"/> Black – Non Hispanic Origin <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian or Alaskan Native			NC Resident: Yes No	
Circle Highest Grade Completed 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17or GED								
How did you hear about the course? <input type="checkbox"/> Published Schedule <input type="checkbox"/> Web Page <input type="checkbox"/> Brochure <input type="checkbox"/> Newspaper <input type="checkbox"/> Radio <input type="checkbox"/> Friend or Associate <input type="checkbox"/> Employer <input type="checkbox"/> Instructor <input type="checkbox"/> Other _____								
NO REFUNDS CAN BE GRANTED FOR THIS COURSE								
<input type="checkbox"/> Paid cash \$ 60.00								
CDL: Yes <input type="checkbox"/> No <input type="checkbox"/>								
Drivers License Number- _____				State- _____				
Citation Number/Violation- _____				Court Date: _____				
Student Signature / Date: _____				SCC Representative Signature / Date: _____				