

# COMMUNITY EDUCATION REGISTRATION



**Return completed form with payment to:**

Office of Admissions  
P.O. Box 2000  
Springdale, AR 72764  
Fax: (479) 751-7780  
Email: [communityed@nwti.edu](mailto:communityed@nwti.edu)

*The following information will be used for federal and state reporting requirements, not for admission consideration. All information will remain confidential.*

**Please Print Clearly**

Social Security Number \_\_\_\_\_ Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_

Date of Birth \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Maiden Name \_\_\_\_\_

Place of Birth (City) \_\_\_\_\_ State \_\_\_\_\_ Marital Status  Married  Single  Divorced  
 Separated  Widowed

**Permanent Address**

Street, Apt., or P.O. Box \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

County \_\_\_\_\_ Email Address \_\_\_\_\_

Gender  Male  Female Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

American Indian or Alaskan Native  Asian  Black or African American  White  Hispanic or Latino  
 Native Hawaiian or Other Pacific Islander

Are you a U.S. Citizen? Yes  No  If no, Country of Origin \_\_\_\_\_ Resident Alien Number \_\_\_\_\_

**Emergency Contact**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Home Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_

**Course Registration**

Course Number	Course Name	Days	Starting Date	Ending Date	Time	Room

**Payment**

Tuition \$ \_\_\_\_\_  AR Rehab  WIA  Scholarship \_\_\_\_\_  
Other Fees \$ \_\_\_\_\_  Visa  MC # \_\_\_\_\_ Exp. \_\_\_\_\_  
Total \$ \_\_\_\_\_ Name on Card \_\_\_\_\_  
Date Paid \_\_\_\_\_ Tele # for cardholder \_\_\_\_\_  
Cashier \_\_\_\_\_  Cash/Check # \_\_\_\_\_