

____ - ____ - _____
SOCIAL SECURITY NUMBER (Required)

@ _____
STUDENT IDENTIFICATION NUMBER

CRN	COURSE TITLE	COST	DATES	DAYS (CIRCLE)	TIME	ROOM#
				M T W R F S S		
				M T W R F S S		
				M T W R F S S		
				M T W R F S S		

Print Name _____

Street Address _____

City/State/Zip _____

Male Female New address and/or phone #. New student.

Maiden Name (if applicable) _____

Name on Credit Card _____

MC Visa Discover No. _____

Expiration Date (required) _____

Tuition Authorization Letter Check

Citizenship (required): Are you a United States citizen? Yes No

If not, are you a Permanent Resident (green card holder)? Yes No

Withdrawal requests must be received in writing two business days prior to the beginning of class unless stated otherwise in the course description. Refunds are not granted after the first class meeting of the course.

Total Cost \$ _____

Phone (Home) _____

(Work) _____

(Cell) _____

Date of Birth (required) _____

Email Address _____

Please provide the following race and ethnic data. This information is requested on a VOLUNTARY basis by the U.S. Department of Education, National Center for Education Statistics. Your answer will not affect your registration or admission to the college.

Ethnicity: Hispanic/Latino Non-Hispanic/Non-Latino
 Choose not to respond (None)

What is your race? Choose one or more:

- White (10) Black or African American (20)
- Asian (45) American Indian or Alaskan Native (50)
- Native Hawaiian or Other Pacific Islander (80)
- Other (90) Choose not to respond (60)

Connecticut Rider Education Program Registration Form

Print Name _____ Date of Birth ____/____/____

Address _____ City _____ State _____ Zip _____

Sex: M or F Phone: Home (____) _____ Work (____) _____

CRN # _____ Course Dates ____/____/____ to ____/____/____ BRC ____ ERC ____

Training for: Motorcycle ____ or Scooter ____

Drivers' License # _____ State _____ Exp. Date ____/____/____

Motorcycle Permit # _____ State _____ Exp. Date ____/____/____

Required for ERC Riding Experience ____ years Approx. miles per year _____

Is license endorsed for motorcycle? Yes (endorsement date) ____/____/____ No _____

Insurance Company (not agent) _____ Policy # _____

I certify that the statements made by me on this registration form are complete and true to the best of my knowledge and belief, and are made in good faith.

Signature _____ Date _____