



CLEVELAND
COMMUNITY COLLEGE

For Office Use Only

ID#	PAYMENT	PAYMENT METHOD	DATE ENTERED
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2022 CLEVELAND COUNTY FIRE & RESCUE COLLEGE REGISTRATION FORM

Social Security Number (Must have full Social for State Certification)		Date of Birth	
Last Name		First Name	Middle Name
Address			
City		State	Zip Code
Home Phone		Cell Phone	
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	T-Shirt Size <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> L <input type="checkbox"/> XL <input type="checkbox"/> XXL <input type="checkbox"/> XXXL		
Race <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Other <input type="checkbox"/> Native American <input type="checkbox"/> Asian/ Pacific Islander	Employment <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Underemployed <input type="checkbox"/> Retired	Education (Check Highest Completed) <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> GED	
Student Email Address *Required			
Department Name			
Department Address			
City		State	Zip Code
Department Phone			

List Four Choices

If first choice is unavailable, you will be assigned your second choice. Email notices will be sent to those students.

1	Section#	Class Name
2	Section#	Class Name
3	Section#	Class Name
4	Section#	Class Name

Student Signature	Date
Chief Signature	Date