



College of the Redwoods Adult & Community Education

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REGISTRATION FORM

Office Use Only

ID #
Initials
Date
Receipt #

Full Legal Name:

Last First Middle

Are you currently, or have you previously, taken classes at College of the Redwoods? Yes No

Alternate Names Used:

Birth Name Married Name Other

Address / City / State / Zip (include Apt, Unit or Space #, if applicable):

Phone Number(s) please include Home and Cell:

Email: Email Newsletter Yes No

How did you hear about this class?

Date of Birth (required) SSN (required if you're a new student) Student ID

Table with 6 columns: Section #, Course Title, Date, Time, Location, Fee

Are you employed? If yes, Please complete this section Yes No

Name of Employer:

Company Contact: Company Phone:

Company Mailing Address:

Payment Method: Cash Check Credit/Debit Card Nelnet Sponsorship\*\*

Sponsor: Phone:

\*\*requires additional documentation

Contact:

Sponsor Email:

Visa/MasterCard/Discover #: Exp. Date:

Name As It Appears on Card :

Billing Address: (include City, State and Zip):

Phone #: E-Mail Address:

\*\*payment is due at time of registration\*\*