



PENSACOLA JUNIOR COLLEGE CONTINUING EDUCATION REGISTRATION FORM

Student ID or SSN _____ Last Name _____ First _____ Middle _____ Date of birth (MM/DD/YY) _____

Parents should not use their SSNs when registering children. If you do not know your child's SSN, please leave blank. The SSN is used for federal and state reporting including provisions allowing tax credits for Internal Revenue purposes. PJC protects your SSN and holds it confidential and secure. A student's SSN is never released to any person or entity other than governmental agencies requiring the information to meet federal and state reporting obligations.

Address _____
 Number/Street/Apartment _____ City _____ State _____ Zip code _____

Home Telephone _____ **Alternate Telephone** _____

Gender: Male Female
Ethnicity: Are you Hispanic/Latino Yes No
Check all that apply: White Asian American Indian or Alaskan Native
 Black or African American Native Hawaiian or other Pacific Islander

Citizenship: If you are **not** a United States citizen, indicate current Immigration status:
 United States Permanent Resident; provide Resident Alien Number _____
 Other country: _____ Other immigrant; provide current Visa type and expiration _____

Section	Course Title	Date Class Begins

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Signature: _____ Date: _____

Mailing your registration? Complete this section and mail to PJC Bursar's Office 1000 College Boulevard, Pensacola FL 32504-8998
 Payment Amount \$ _____ Payment Method: Check Money Order Visa Mastercard American Express
 Credit Card Information _____ Expiration Date _____

Signature as it appears on credit card _____

