



STUDENT REGISTRATION FORM

STUDENT INFORMATION: (Complete the information below. Please print clearly)

Name_____	Class Number (to be filled out by ARS) _____
Former Name (if applicable) _____	Social Security Number _____
Permanent Address _____ Apt # _____	Phone (cell) _____
City/State/Zip _____	Phone (alternate) _____
County of Residence _____	Email _____
Local Address (if different than above) _____	Emergency Contact Name _____
City/State/Zip _____	Emergency Contact Phone _____
Birth Date (Month/Day/Year): ____/____/____	Driver's License _____
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female Graduated from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date (Month/Day/Year): ____/____/____

Student Agreement:

There is no offer of employment implied with this course. I understand the fee for this class is **NON-REFUNDABLE** for any reason including a failed exam.

The student is responsible for all fees with the Department of Agriculture and Consumer Services.

Student Signature: _____ Date: _____