



STUDENT INFORMATION					
Last Name		First Name		Middle Initial	Social Security Number
Street Address		City		State	Zip Code
Date of Birth Mo/Day/Yr / /	Sex: ? Male ? Female	Home Phone No. (Plus area code)	Business Phone No. (Plus area code)		E-mail Address

COUNTY OF RESIDENCE	ETHNIC ORIGIN	RESIDENCE STATUS	HIGHEST DEGREE EARNED	
? Williamson..... (199)	? Asian (Pacific Islander)..... (1)	? In-district..... (1)	? (D) Doctoral Degree	? (A) Associate Degree
? Jackson..... (077)	? American Indian..... (2)	? Out-of-district... (2)	? (P) 1st Professional Degree	? (C) Certificate
? Franklin..... (055)	? Black Non-Hispanic (3)		? (M) Master's Degree	? (S) Some College
? Randolph..... (157)	? Hispanic (4)		? (B) Bachelor's Degree	? (H) High School Diploma
? Perry..... (145)	? White Non-Hispanic..... (5)			? (G) GED
? _____	? Non-Resident, Alien..... (6)			? (N) None
(specify other)				? (O) Other

STUDENT INTENT

- ? To prepare for transfer to a 4-yr college or university.
- ? To improve skills for my present job.
- ? To prepare for future job immediately after attending community college.
- ? To prepare for the GED test or improve basic academic skills.
- ? For personal interest/self-development (not career-oriented).
- ? Unknown/other.

HIGH SCHOOLS ATTENDED

- | | | |
|-------------------------|---------------------------|-------------------------|
| ? 140510 – Carbondale | ? 142250 – Herrin | ? 140485 – Trico |
| ? 140555 – Carterville | ? 142365 – Johnston City | ? 999999 – Other |
| ? 142770 – Crab Orchard | ? 142775 – Marion | (Specify) _____ |
| ? 141655 – Du Quoin | ? 143100 – Murphysboro | ? 888888 – GED |
| ? 141785 – Elverado | ? 144360 – West Frankfort | ? Graduation Year _____ |

This is verification that my address above is the one on my driver's license, State ID, and/or my voter's registration card.

If attending a camp, please indicate:

Tee-Shirt Size: Child: S _____ M _____ L _____ XL _____
 Adult: S _____ M _____ L _____ XL _____

Signature _____
Date

COURSE INFORMATION				
Course Name	Course Number	Section Number	Tuition	Fee
1. Basic CPR Review & First Aid	CNE 100	04	--	--
2.				
Totals				

- METHOD OF PAYMENT**
- | | |
|------------------------------------------|--------------|
| ? Check payable to John A. Logan College | ? VISA |
| ? Money order | ? MasterCard |
| ? Discover | |

Insurance. John A. Logan College does not provide accident insurance for any student registered in a continuing education class. Students wanting such coverage should make arrangements with their local insurance agent.

 Card Number _____
 Expiration Date

Withdrawal/Refunds: Students in continuing education classes may withdraw and receive a full refund by contacting the Continuing Education Office prior to the second class meeting. No refunds will be given after the second class meeting.

 Signature (if using credit card) _____
 Date