PLEASE FILL OUT ALL HIGHLIGHTED AREAS

## *Northwest Florida State College Continuing Education – Registration Form*

**Student I.D.# (returning students)** _____ **Social Security # (new students)** _____

* Your student ID# is 9 digits long and begins with the first letter or your first name. It is not the number on your student ID card. It can be found on your class schedule/fee statement and your student receipt from previous registrations.

**Last Name** _____ **First Name** _____ **Middle/Maiden** _____

**Street Address** _____ **Area Code** _____ **Phone Number** _____

**City** _____ **State** _____ **Zip Code** _____ **Sex:** ___**Male** ___**Female**

**Date of Birth:** _____ **High School Graduate:** ___**Yes** ___**No**

**Car Tag Number:** _____ **Car Tag State:** _____

| Course | Reference # | Title | Date(s) | Time | Day |
|---|---|---|---|---|---|
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**Signature** _____ **Date** _____

WHERE TO REGISTER: Register for any Continuing Education Class at any NWFSC Registration Office. Locations are as follows:

**Office of Enrollment Services, Student Services Building, C-1, 100 College Blvd., Niceville, FL 32578**
**Chautauqua Center, 908 U.S. Hwy. 90 West, DeFuniak Springs, FL 32433**
**Eglin Center, Education Services Building, Room 127, AD/DPE, Eglin AFB, FL 32542**
**Hurlburt Center, Education Services Building, Hurlburt Field, FL 32544**
**Ft. Walton Beach Campus, Business Office, 1170 Martin Luther King, Jr. Blvd., Bldg. 1, Ft. Walton Beach, FL 32547**
**Robert L. F. Sikes Education Center, 805 E. James Lee Blvd., Crestview, FL 32539**
**South Walton Center, 109 Greenway Trail, Santa Rosa Beach, FL 32459**
**For your convenience payment may be made using cash, check (payable to NWFSC), or credit cards (VISA, MasterCard, American Express and Discover).**

*EA/EO*

Hospital or organization to be billed: _____

Office Use Only: Card sent to _____ Date:_____ Accts Receivable office notified for billing: _____ (date)