

# Community Education



## REGISTRATION FORM Registration Instructions:

- Students must be high school graduates or 18 or older.
- Complete and sign this form. ONLY ONE PERSON PER FORM. The form may be duplicated.
- If a fee is required, make check payable to:  
**AHC Community Education**  
Do not mail cash – please bring cash payments into the office for processing.
- Register by mail, FAX (352-1046), or drop off this form (with payment, if required).

**TO: Allan Hancock College Community Education • Bldg. S  
800 South College Drive, Santa Maria, CA 93454-6399**

- For more information call 922-6966 ext. 3209, or toll-free 1-866-DIAL AHC (342-5242) ext. 3209, or visit [www.hancockcollege.edu/communityeducation](http://www.hancockcollege.edu/communityeducation)

**Please print clearly.**

LEGAL NAME (First Middle Initial Last)

MAILING ADDRESS

CITY

ZIP CODE

E-MAIL ADDRESS

Have you attended Hancock before?  Yes  No

H

Student ID Number

**-OR-**

Social Security Number

Month Day Year (4-digits)

Birth Date

Male Female

-    -

Home Telephone Number

-    -

Alternate Telephone Number

COURSE RECORD NUMBER (CRN)					COURSE	DAY & TIME	FEE (IF APPLICABLE)
3	0	0	6	2	Intro to Income Tax Prep	Jan 6/13 8-5	
4	2	1	0	6	Intro to Tax Prep Software	Jan 20 8-5	
4	2	1	0	7	Income Tax Prep Internship	2/3-3/31 9-3	

**X**

Student Signature

Date

**For Instructor Use Only**

I authorize this student to add my class. Signature \_\_\_\_\_

Date \_\_\_\_\_

## METHOD OF PAYMENT:

- **CHECK** Do not mail cash. Please bring cash payments into the office for processing.
- **CREDIT CARD** Circle one: VISA MasterCard Discover American Express  
  - If paying by credit card and FAXING a registration, all credit card information (below) **MUST** be completed.

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Name \_\_\_\_\_ Security Code \_\_\_\_\_

Authorizing Signature \_\_\_\_\_ **TOTAL FEES (if any) \$** \_\_\_\_\_

Credit Card Billing Address \_\_\_\_\_