Registration Form

Danville Area Community College

Submit payment in the form of check or money order (made out to DACC) along with competed registration form. Mail form and payment to the following address: DACC, 2971 N. Vermilion, Danville, IL 61832

You may also register online at **www.dacc.edu/cce**

Personal Information:

_____ _____ / _____ / _____ _____

Last Name First Name Middle Initial Date of Birth Male or Female

_____

Address City State Zip Code

_____ _____

Social Security Number Email Address

_____ _____

Home Phone Cell Phone

Please register me for:

_____ _____

Course/Trip Date and Time Amount

_____ _____

Course/Trip Date and Time Amount

_____ _____

Course/Trip Date and Time Amount

Information collected in this section is used to comply with Federal and State reporting requirement. Please check:

Highest Degree Earned:
___ High School Diploma
___ GED
___ Certificate
___ Associates Degree
___ Bachelors Degree
___ Masters Degree
___ Doctorate Degree
___ Other
___ None

Have either one of your parents completed a Bachelors Degree?
___ Yes
___ No

Racial Ethic Classification:
(choose one or more)
___ African American/Black
___ American Indian or Alaskan
___ Asian
___ Hispanic
___ White
___ Choose Not to Respond

Enrollment Status:
___ First Time Student
___ Continuing Student

Employment Status:
___ Full Time (40 hours or more)
___ Part Time (over 15 hours per week)
___ Part Time (under 15 hours per week)
___ Unemployed
___ Homemaker
___ Retired/Other

Citizenship or Visa:
___ United States Citizen
___ In United States on a VISA
___ Applying for Citizenship

_____

Signature Date

Community Education