



GRIFFIN TECHNICAL COLLEGE

CONTINUING EDUCATION REGISTRATION FORM

SSN _____ - _____ - _____

Receipt # _____
Amount _____

LAST NAME FIRST NAME MI

STREET ADDRESS CITY STATE ZIP CODE

COUNTY CODE _____ Butts = 018 Clayton = 031 Fayette = 056 Fulton = 060 Henry = 075 Jasper = 079
Lamar = 085 Pike = 114 Spalding = 126 Upson = 145 Other = Write in name of county

HOME PHONE _____ - _____ BUSINESS / CELL PHONE _____ - _____

EMAIL _____ REAL ESTATE LICENSE # _____ (If Applicable)

SEX CODE _____ Male = M Female = F

ETHNIC CODE _____ American Indian = 1 Asian = 2 Black = 3 Hispanic = 4 White, non-Hispanic = 5 Non-resident alien = 6 Other = 7

DATE OF BIRTH _____ / _____ / _____ AGE _____

LAST GRADE COMPLETED _____ Grade 1 through PhD (1-19) or GED (20)

CRN	COURSE ID	HRS	NAME OF COURSE	DATE OF COURSE	TIME	TUITION

(Gray area for office use only)

Refund Policy: 100% before the first day of class; 100% automatic refund if class is canceled. No refund otherwise. Griffin Tech does not discriminate on the basis of age, race, color, national origin, sex, disability, religion, or marital status in its programs or services. Reasonable accommodations are made upon request.

Signature Date

ECONOMIC DEVELOPMENT DIVISION
501 Varsity Road Griffin, GA 30223 770-228-7364 FAX 770-233-5510

**REGISTRATION FOR ALL CLASSES IS REQUIRED ONE WEEK IN ADVANCE!
PLEASE CALL 770-228-7364 TO REGISTER**