



College of the Redwoods Adult & Community Education

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Office Use Only

ID #
Initials
Date
Receipt #

Full Legal Name:

Last First Middle

Are you currently, or have you previously, taken classes at College of the Redwoods? Yes No

Alternate Names Used:

Birth Name Married Name Other

Mailing Address (include Apartment or Space# City, State, and Zip):

Phone Number(s):

Email: Email Newsletter Yes No

How did you hear about this class?

Date of Birth (required) SSN (required if you're a new student) Student ID (if known)

Please check course that you are registering for

Table with 6 columns: Section #, Course Title, Date, Time, Location, Fee

Are you employed? If yes, Please complete this section Yes No

Name of Employer:

Company Contact: Company Phone:

Company Mailing Address:

How will you be paying for the class today?: Cash Check Credit Card Money Order Sponsorship

Sponsor: Contact: Phone:

Sponsor Email:

Visa/MasterCard/Discover: Exp. Date:

Name As It Appears on Card:

Billing Address: (include City, State and Zip):

Phone #: E-Mail Address: