

Course Prefix/Number _____ **Course Title** _____ **Registration Fee** _____

Instructor Name _____ **Location** _____ **Beginning Date** _____ **Ending Date** _____

***Last 6 of Social Security # or College ID #** _____ (*Used for reporting purposes only)

Name _____
Last First Middle

Address _____
Street, P.O. Box, Route City State Zip Code

County of Residence _____ **Date of Birth** _____
Month Day Year

E-mail Address _____ **Home Phone** _____

Sex Female Male **Ethnicity** Hispanic/Latino Non Hispanic/Latino **Race** American/Alaska Native Hawaiian or Pacific Islander Asian Black or African American White

Check the highest education level that best describes you

- | | | | | |
|----------------------------|----------------------------|---|--|---|
| <input type="checkbox"/> 0 | <input type="checkbox"/> 4 | <input type="checkbox"/> 8 | <input type="checkbox"/> 11 (Highest Grade Completed - Non-High School Graduate) | <input type="checkbox"/> 14 Post High School Vocational Diploma |
| <input type="checkbox"/> 1 | <input type="checkbox"/> 5 | <input type="checkbox"/> 9 | <input type="checkbox"/> 12 (High School Graduate) | <input type="checkbox"/> 15 Associate Degree |
| <input type="checkbox"/> 2 | <input type="checkbox"/> 6 | <input type="checkbox"/> 10 | <input type="checkbox"/> -- GED | <input type="checkbox"/> 16 Bachelor's Degree |
| <input type="checkbox"/> 3 | <input type="checkbox"/> 7 | <input type="checkbox"/> 13 Adult High School Diploma | | <input type="checkbox"/> 17 Master's Degree or Higher |

Current Employment Status

- Full-Time (FT) Unemployed - Not Seeking
 Part-Time (PT) Unemployed - Seeking
 Retired (R) Inmate

Military Status

- 1 Active 3 Discharged
 2 Reserve 4 Retired

200% of the Federal Poverty Guidelines

Family Unit	200% of Poverty Guidelines	Family Unit	200% of Poverty Guidelines
1	24,980.00	5	60,340.00
2	33,820.00	6	69,180.00
3	42,660.00	7	78,020.00
4	51,500.00	8	86,860.00
For each additional person, add \$8,840.			

Federal Earned Income Tax Credit

Criteria	Earned Income Threshold
Individual	\$15,570
Worker with one qualifying child	\$41,094
Worker with two qualifying children	\$46,703
Worker with three or more qualifying children	\$50,162

Johnston Community College does not discriminate in admissions, employment, or in its administration of educational programs and activities on the basis of age, race, color, sex, national origin, disability, religion, creed, military or veteran status, genetic information, or any other characteristic protected under applicable federal or state law. Inquiries should be addressed to the vice president of student services or vice president of administrative services. Inquiries concerning the application of Title IX may be referred to the Title IX Coordinator. JCC's Title IX Coordinator is Harlan Frye, whose office is in the Wilson Building, room 1023C. This office can be contacted by phone at (919) 209-2025 or by email at hefrye@johnstoncc.edu.

Tuition and Fee Waiver Verification Statement

The State Board of Community Colleges grants permission to waive tuition and fees for enrollment in classes coded in the Master Course List as Human Resources Development if the individual meets one of four criteria listed below. To receive this waiver, an individual must verify that he or she meets at least one of the criteria by completing and signing this form. Individuals not signing this form must pay the applicable fee to register for a Continuing Education course.

- | | |
|---|---|
| <input type="checkbox"/> 1 - I am currently unemployed | <input type="checkbox"/> 3 - I am working and eligible for the Federal Earned Income Tax Credit |
| <input type="checkbox"/> 2 - I have received notification of a pending layoff | <input type="checkbox"/> 4 - I am working and earn wages at or below two hundred percent (200%) of the federal poverty guidelines |

* Answer question **only if** you are qualifying for the fee waiver under criteria "working and eligible for the Federal Earned Income Tax Credit (#3)
Please indicate the number of dependents living in your household: _____

I hereby verify that all the information given by me as written on this Registration and Fee Waiver Verification form is complete and accurate to the best of my knowledge.

Student Signature _____ **Date** _____