

# Criminal Justice Training

## REGISTRATION FORM – INSTRUCTOR TRAINING, SCENARIO

WE WILL NEED THE FOLLOWING INFORMATION TO REGISTER YOU IN THIS CLASS. Only one (1) class per form. Duplicate as needed. Please print legibly. Return completed forms to [schendels@westerntc.edu](mailto:schendels@westerntc.edu) or fax to 608-269-4073. Thank you!

### PERSONAL INFORMATION

Please Note: SSN may be needed for state reporting for grant-funded classes (if applicable))

Social Security # (See Above) \_\_\_\_\_ DOB: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone (include area code) \_\_\_\_\_ County: \_\_\_\_\_

Email \_\_\_\_\_

Agency/Employer \_\_\_\_\_

IF YOU ARE A NEW STUDENT AT WESTERN, this information is collected to enhance programming efforts at Western and is voluntary.

Are you Hispanic or Latino, that is, a person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race?  Yes  No

Select any groups that apply:  American Indian  Asian  Black or African American  Native Hawaiian or other Pacific Islander  White

High School Last Attended: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Year of Graduation \_\_\_\_\_

Highest grade completed: \_\_\_\_\_

Did either of your parents complete a four-year college degree or beyond?  Yes  No

### PAYMENT INFORMATION

Please check type of payment:  Self-pay  Department

If your department is responsible for payment, please fill out the attached Authorization for Payment form and return with the student registration(s). This is necessary for **Billing Purposes**. Payment should accompany the completed registration form for persons paying for their own registration.

### CLASS INFORMATION (For Office Use Only)

Class #: 47-504408.18 (48) Section #: \_\_\_\_\_ Course Title: Instructor Training, Scenario Instructor

Start Date Thursday/Friday Sept 5-6, 2019 Location Public Safety Training Center – Sparta Campus Time 8:00am to 4:30pm Semester Fall 2019

Class Fee \$ 100.00/person Total Hours: 16-hours

Date Registration Received: \_\_\_\_\_

I hereby authorize the following (please PRINT):

Name	Student ID# or DOB	Name	Student ID# or DOB

Check the Class Registering For:     Jailer Academy  
     Law Enforcement Academy  
     In-service Training  
     Other (Please specify) **Instructor Training, Scenario (\$100.00 per person)**

**Authorized Expenses:**    Term (please check):    **Fall 2019**

Tuition – Not to Exceed \$ \_\_\_\_\_  
 Required Books – Not to Exceed \$ \_\_\_\_\_ (Students are responsible for picking up books.)  
 Other (Please Circle) – Not to Exceed \$ \_\_\_\_\_  
    Application Fee - \$30    Background Check - \$20    Compass Test - \$20

**Billing Information:**

Agency/Company Name \_\_\_\_\_ Print Authorized Name \_\_\_\_\_

PO/Street Address \_\_\_\_\_ \*\*Authorized Signature\*\* \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone Number \_\_\_\_\_

\_\_\_\_\_ Tax Exempt (Yes or No) and Tax Exempt # \_\_\_\_\_ Email Address \_\_\_\_\_

**Please return this form with completed registration form to [schendels@westernnc.edu](mailto:schendels@westernnc.edu) or fax to 608-269-4073. This form must be received within 14 calendar days from the date of registration or the first day of class, whichever occurs first.**