



Leisure Learning Registration Form

Personal Information (Please print clearly)

Student #1:

Full Legal Name of Student (Last, First, Middle)

Legal Name of Guardian (if student is under 18) (Last, First, Middle)

Address Apt.

City State Zip Code

Phone Number Email Address

Student #2: (Please provide name only if contact information is the same)

Full Legal Name of Student (Last, First, Middle)

Legal Name of Guardian (if student is under 18) (Last, First, Middle)

Address Apt.

City State Zip Code

Phone Number Email Address

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Student ID # (optional)

Check here if you do not have a Hocking College ID#

Please check one of the following:

Asian African American Hispanic Caucasian Native American
(Required for federal reporting by Civil Rights Act Of 1964)

Signature

ENROLLMENT

Course Title	Class Day/Time	Course Number	Fees

Total

PAYMENT

Cash Check Visa MC Discover AMEX

Card Number

Cardholder Name

Expiration Date

CVV

Signature

Office Use (Keyed By) _____