

South Louisiana Community College

Continuing Education Registration Form

TELEPHONE: 337.521.8896 extension 896

www.southlouisiana.edu

Last Name: _____ First Name: _____ Middle Initial: _____

Email Address: _____ Parish: _____

Local (Home) Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Mailing Address: _____ Apt. No. _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Business Phone: _____ Cell: _____

LA Driver's License Number: _____ Expiration Date: _____

COURSE REGISTRATION LIST: (attach additional page if needed)

| Course Prefix and # | Section # | Course Title | Course Date(s) | Time(s) | Course Fee |
|---------------------|-----------|--------------|----------------|---------|------------|
| | | | | | |
| | | | | | |

FEE PAYMENT INFORMATION

Check Cash Discover Master Card Visa American Express

Total Amount Due: _____

If payment is by credit card, please complete the following information:

Account number: _____ Expiration Date: _____

Authorized Signature (credit card only): _____

Please Note:

*Students under the age of 18 are required to have a **“Consent to Emergency Treatment”** form on file before attending class.

* Individuals with a disability requesting accommodations are asked to contact the college to make arrangements.

Educational opportunities are offered by South Louisiana Community College without regard to race, color, age, national origin, religion, sex, disability, or sexual orientation.

Mail To:

South Louisiana Community College
Community and Continuing Education
 320 Devalcourt Street
 Lafayette, LA 70506