Sussex & Warren
Skylands
Professional Training
Community College Regional Partnership

SKYLANDS PROFESSIONAL TRAINING
CONTINUING EDUCATION REGISTRATION
445 MARSHALL STREET · PHILLIPSBURG, NJ 08865
PHONE: (908) 689-7613 · Fax: (908) 878-0170

ID #:_____ (College issued) DATE OF BIRTH_____

NAME_____
LAST FIRST MIDDLE INITIAL

ADDRESS_____

_____
CITY STATE ZIP COUNTY

TELEPHONE ( ) _____-_____ ( ) _____-_____
HOME CELL

E-MAIL ADDRESS_____ Can we contact you? Yes_____No_____

Are You A U.S. Citizen? _____ If not, please provide a copy of valid Visa

Statistical information: In order to comply with state and federal requests for statistics, we ask that you please answer these questions. All information you provide is strictly confidential in accordance with the Family Educational Rights and Privacy Act of 1974. Thank you for your help.

Ethnic Background:

Native American_____ Hispanic_____
African-American_____ White_____
Asian/Pacific Islander_____ Other_____

Sex: Male_____ Female_____

Course#_____ Title_____ Amount $_____

Course#_____ Title_____ Amount $_____

Course#_____ Title_____ Amount $_____

We will be happy to offer you a refund or apply payment to another class of your choice if you withdraw 3 business days prior to the first day of class. No refund will be issued after the deadline. A $15 processing fee will be incurred for withdrawals.

☐ **Payment enclosed check payable to WCCC ~ SPT**

☐ **Send credit card authorization form**

☐ **Register in Room 129 at Phillipsburg Education Center**

ADMINISTRATION & FINANCE USE ONLY

Receipt # **Payment Method**

Total Charges $_____ Cash_____ Check #_____ Amount Paid $_____

Payment Plan_____ WIA _____WDP_____TRA_____ Contract Training_____ Job Training_____

Due College $_____ Senior Citizen (65+) _____ Other_____ Credit Card Type_____

Initials and Date _____