



ENROLLMENT APPLICATION

Continuing Education

PO Box 1000, 5270 Flat River Road, Park Hills, MO 63601
Continuing Education: 573-518-2342

Course Number/Title

Date/Time:

Days of Week

\*ALL information provided is protected by federal law and held in the strictest of confidence.

Student Information

Last Name First Name Initial Date of Birth Social Security Number

Address City State Zip

Daytime/Message Telephone Evening Phone:

Email Address:

Funding Source Self-Pay \_\_\_ WIOA \_\_\_ ITA \_\_\_ SkillUp \_\_\_ Employer \_\_\_

Other: \_\_\_\_\_

How did you hear about the course?

Class Schedule \_\_\_ E-mail \_\_\_ Newspaper \_\_\_ Facebook \_\_\_ Friend/Family \_\_\_ Employer \_\_\_

Radio (circle one): KFMO or KREI or OTHER Other \_\_\_\_\_

X \_\_\_\_\_
Signature

\_\_\_\_\_
Date

If another party is paying for this training opportunity, please complete the following for funding purposes:

- Male White/Caucasian American Indian/Alaskan Veteran
Female Black/African American Native Hawaiian/Pacific Islander Active Duty
Hispanic/Latino Asian Two or More Races Military Spouse/Dependant

In accordance with the Family Educational Rights and Privacy Act (FERPA), my signature on this form grants my employer access to educational records for the course listed on this enrollment form.

I understand that I have the right not to consent to the release of my educational records and that I have the right to inspect any written records released pursuant to this consent.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_