

**SALINE COUNTY CAREER CENTER
900 WEST VEST
MARSHALL MO 65340
(660) 886-6958**

CLASS ENROLLMENT FORM

Date: _____ SS#: _____

Program: _____

Name _____ Phone _____

Cell Phone: _____

Address: _____

Birthdate: _____ Sex: _____ Age: _____ Work Phone: _____

Maiden Name: _____ Email: _____

Do you have a high school diploma or GED? Yes: _____ No: _____ Year Received: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Phone: _____

Nearest Relative: _____ Phone: _____

Address: _____ Relationship: _____

What are your career plans? _____

Will you need Financial Assistance to Help meet your expenses at SCCC? _____

(Student Signature)

**SEND TO: Adult Education Coordinator
Saline County Career Center
900 West Vest
Marshall MO 65340**