

Johnston Community College  
Defensive Driving 8 hour Class  
Course Registration Form

See the enclosed schedule for class dates and corresponding class numbers. Please indicate the **class # (number)** for a **first** and **second** choice in class selection. You will be placed in your first available class choice.

**YOU ONLY NEED TO ATTEND ONE (1) EIGHT (8) HOUR CLASS.**

I have enclosed the **\$100.00 NON-REFUNDABLE REGISTRATION FEE** as indicated.

Please register me for the following class-

**First Choice** Class # \_\_\_\_\_/Date \_\_\_\_\_

**Second Choice** Class # \_\_\_\_\_/Date \_\_\_\_\_

**Any student under (18) eighteen years of age must have a Concurrent Enrollment Form on file-- unless attending a Johnston County Public School prior to class start date.**

**PLEASE COMPLETE ENTIRE FORM**

First Name \_\_\_\_\_ Middle Name \_\_\_\_\_ Last Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ County of Residence \_\_\_\_\_

Social Security # \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Attorney's Name \_\_\_\_\_ Driver's License # (State) \_\_\_\_\_

Officer's/Trp Name \_\_\_\_\_ Court Date \_\_\_\_\_

Specific Violation \_\_\_\_\_

For registration purposes only

Sex ( ) Male ( ) Female Race \_\_\_\_\_ Cell Phone \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_

Circle Highest Grade \_\_\_\_\_ Current High School Attending: \_\_\_\_\_  
Completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 or GED ( )

Employment Status: ( ) Retired ( ) Unemployed ( ) Part Time ( ) Full Time

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

**Please read carefully and sign:** I understand that classes will be filled based on the order of receipt of completed registration forms and appropriate fees. A receipt confirming my registration and class number will be mailed. Due to program constraints, I understand that once registered in a class, even if I am unable to attend, the registration fee is **non-refundable and non-transferable**. I understand that I must be on time and attend the entire class in order to successfully complete the course. This course may only be taken once every three years.

**I have read the above program policies and understand how these policies apply to my registration.**

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

**Method of Payment:** ( ) Certified Check/Money Order (payable to JCC)

<b>For JCC Office Use:</b>	Contract Number _____	Date Received _____
	Program Code _____	AR Code _____