

**St. Petersburg College**

**NONCREDIT**

**SEPSI**

**REGISTRATION FORM**

Name \_\_\_\_\_ \*SSN \_\_\_\_\_ or SPC Student ID \_\_\_\_\_  
Last First M.I.

*\* Your SSN or your birthdate must be entered, so the college may retrieve your academic records accurately. All information is protected by public law (Buckley)*

Permanent Mailing Address \_\_\_\_\_ Gender (optional)  M  F  
Street City County State ZIP

Telephone (\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_  
Work/Daytime Home/Evening

*Information on ethnic origin of students is VOLUNTARY and will not be used for discriminatory purposes. Please check the appropriate box.(optional):*

White Non-Hispanic     American Indian or Alaskan Native     Black Non-Hispanic     Hispanic     Other     Asian or Pacific Islander

Class Title	Section	Course #	Class ID	Date Start	Time Start	Building/Room	Day	Fee
<b>FAST AUTOCROSS</b>	<b>2612</b>	<b>PSP 0654</b>	<b>2</b>	<b>5/12/12</b>	<b>8am-5pm</b>	<b>Driving Pad</b>	<b>S</b>	

**REGISTRATION INFORMATION:**

**PHONE:** Telephone (727) 341-4516 or the number listed on brochures/flyers. **FAX:** (727) 341-4547 **IN PERSON:** Go to Allstate Center, Room 200, 3200 34<sup>th</sup> Street S., St. Petersburg, FL **BY MAIL:** Send this form with your check or credit card authorization to SPC, Allstate Center, P.O. Box 13489, St. Petersburg, FL 33733-3489 Attn: Criminal Justice In-Service Training.

**PAYMENT INFORMATION:**

**By CHECK/MONEY ORDER:** Payable to SPC. **DO NOT MAIL CASH.**

**By CREDIT CARD:**  VISA  MASTERCARD  AMERICAN EXPRESS Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**RESIDENCY STATEMENT:**

Please check the answer: I hereby solemnly affirm that I am a Florida Resident and that I have established and maintained legal residence in Florida for at least 12 consecutive months:     YES     NO     AGENCY SPONSORED

UPON PENALTY OF PERJURY (§837.06 F.S.), I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Check reason(s) for signature:  Credit Card  Residency

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

May 12, 2012

**REFUND INFORMATION:** Refund Requests: Must be made in writing: (1) prior to the beginning of ONE-DAY CLASSES: or (2) prior to the second meeting of classes lasting more than one day.

Name & Address of Agency: FAST 6201 28<sup>th</sup> Ter N St Petersburg FL 33710 PS #: \_\_\_\_\_

St. Petersburg College is dedicated to the concept of equal opportunity. The college will not discriminate on the basis of race, color, religion, sex, age, national origin or marital status, or against any qualified individual with disabilities, in its employment practices or in the admission and treatment of students. Recognizing that sexual harassment constitutes discrimination on the basis of sex and violates this rule, the college will not tolerate such conduct. Should you experience such behavior, please contact the director of EA/EO at (727) 341-3257 or (727) 341-3261 or by mail at P.O. Box 13498, St. Petersburg, FL 33733-3489. **CE 400G (02/07).**