



## 2024 Burke County Fire College Registration Form

**After completion, mail form to:**  
 Western Piedmont Community College  
 1001 Burkemont Avenue  
 Morganton, NC 28655  
 Hildebrand Hall, Main Campus  
 Attn: Anna Watkins

The following information is mandatory for ALL STUDENTS. IF THIS INFORMATION IS NOT PROVIDED, THE STUDENT CANNOT BE REGISTERED FOR REQUESTED CLASSES.

Last Name:		First Name:		Middle Name:	
Address:		City:		State:	Zip Code:
County:		Work Phone:		Cell Phone:	
Date of Birth:	Email Address:				
Employment Status: (R) Retired (UN) Unemployed - Not Seeking Employment (US) Unemployed-Seeking Employment (E1) Employed -1-10 hours per week (E2) Employed -11-20 hours per week (E3) Employed -21-39 hours per week (E4) Employed - 40+ hours per week			Highest level of education that you have completed (1-12): _____ Month/Year last attended High School: _____  ( -- ) GED Diploma (13) Adult High School Diploma (14) Vocational Diploma (15) Associate Degree (16) Bachelor's Degree (17) Master's Degree or Higher		

**\*\*If you are at least 16 years of age and still enrolled in high school, you must certify, by entering your initials here [\_\_\_\_], that you are in good academic standing and are making satisfactory academic progress toward graduation prior to being registered for this class.**

Please list your 1<sup>st</sup>, 2<sup>nd</sup> and 3<sup>rd</sup> choice of classes. Please note that we will make all attempts to register you for the selected class choices, however, if the classes are full or cancelled, we will automatically register you for the next listed choice and notify you of the change.

1st: \_\_\_\_\_ 2nd: \_\_\_\_\_ 3rd: \_\_\_\_\_

### PUBLIC SAFETY AND TRAINING PROGRAMS; INFORMATION BELOW IS REQUIRED

WPCC and/or the North Carolina Community College System Compliance Office reserves the right to ask for verification of fee exemption eligibility from the student and/or agency. If the information within this area is excluded, or not fully completed, the fee waiver will not be given and the cost of the class will be the responsibility of the student. If not paid, further registrations will be restricted until balance is paid in full.

Volunteer      or      Paid                                      **AND**                                      State              or      Local/County Agency

**Department Affiliation** (ie: Fire, Rescue, EMS)

**Clearly Print Department/Agency Name** [No Abbreviations]: \_\_\_\_\_

**Job Title:** \_\_\_\_\_

By placing my initials here \_\_\_\_\_, I certify that I am listed on the official roster of, am in employment of, or volunteer my services at the above agency.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

With my signature, I certify that the information provided on this registration form is true and accurate. The college has my permission to release pertinent information on this form to appropriate College staff and, in the event of an emergency or illness, I give permission for them to call a local physician or emergency services. Please be advised that WPCC cannot register you for any class if you have an outstanding debt with the College. If this class is for certification, by affixing my signature above, I grant permission to release the appropriate course information to the certifying agency.

Information in the space below is for record keeping purposes only and will not be used in a discriminatory manner. However, this information is required for federal reports, state reports and OSFM certifications. After registration is completed, this information will be destroyed.

<b>Social Security Number:</b> _____	<b>Gender:</b> Female                                      Male
<b>Ethnic Origin:</b> (Check one)    Hispanic (HIS)    Non-Hispanic/Latino (NHS)	<b>Race:</b> (Choose one)    Alaskan Native/American (AN)              Asian (AS)
*If you select the NHS option, please complete the following RACE section.	African American (BL)              Caucasian (WH)              Hawaiian/Pacific Islander (HP)