

**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**