

## College of Southern Idaho Community Education Registration

<b>Name:</b>	<b>DOB:</b>	<b>Student ID:</b>
<b>Email:</b>	<b>Phone:</b>	
<b>Physical Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Mailing Address:</b>		
<b>City:</b>	<b>State:</b>	<b>Zip:</b>
<b>Semester: Fall 20__ Spring 20__ Summer 20__</b>	<b>Registration Date:</b>	
<b>Course Title:</b>	<b>Tuition: \$</b>	<b>Section:</b>
<b>Course Title:</b>	<b>Tuition: \$</b>	<b>Section:</b>
<b>Payment:</b> <input type="radio"/> Cash <input type="radio"/> Check <input type="radio"/> CC#		<b>EXP:          CVC:</b>
<b>Student Signature:</b>	<input type="radio"/> Entered Email	<b>Reg By:    Referred By:</b>