

Office use only: check# _____ amount _____ acct number _____ date _____



MORTHLAND COLLEGE COMMUNITY EDUCATION

Student Registration

Please complete one form per student and submit to:
Morthland College Community Education
PO Box 429 - 202 East Oak St., West Frankfort , IL 72896

STUDENT NAME: _____

ADDRESS: _____

CITY/ST/ZIP _____

HOME/CELL PHONE _____

EMAIL ADDRESS: _____

Person to contact in an emergency:

Name _____ Phone _____

NAME OF COMMUNITY ED CLASS _____

How did you hear about Morthland College Community Education classes?
