St. Petersburg College

NONCREDIT

REGISTRATION FORM

Last					*SSN		or SPC student ID		
	First		M.I.						
*Your SSN or your birthdate must be e				mic records ac	curately. ,	* <mark>Birth date</mark>	/	/	
All information is protected by public	law, F.S. 1002.2	22, ana SPC BOT Ri	ile 0Hx23-4.3/.			•			
Permanent mailing address									
Street		City			County	State	ZIP Co	<mark>de</mark>	
Calanhana									
elephone		Home/Evening/Cell			Gender (option		$_{\mathrm{al})}$ \square $_{\mathrm{M}}$ \square $_{\mathrm{F}}$		
Information on ethnic origin of			*		-		riate box. (Option	ıal):	
☐ White non-Hispanic ☐	American Indian	or Alaskan Native	Black non-His	panic \square H	ispanic \Box	Other \square	Asian or Pacific Is	landeı	
Class Title	Class #	Subject-Catalog #	Class Section #	Date Start	Time Start	Building/Room	Day	Fee	
015 FL Fire Prevention Code	3265	PSP0863	Class Section #	ONL	Time Start	Online	\$30		
	3203	151 0005		ONL		Omme	φ50	•00	
Jpdate NFPA 1 & 101									
	4th Street S. in S	e 727-302-6873 or t							
Business Office	e, at P.O. Box 13	489, St. Petersburg,	FL 33733-3489.	Attn: Allstate	e Center Busin	ess Office	o SPO, Alistate (ente	
Business Office PAYMENT INFORMATION: By 0	e, at P.O. Box 13	489, St. Petersburg, ORDER: Payable t	FL 33733-3489. o SPC. <i>DO NOT</i>	Attn: Allstate	e Center Busin	ess Office ny department/PO			
Business Office PAYMENT INFORMATION: By CREDIT CARD: VISA MAST	e, at P.O. Box 13	489, St. Petersburg,	FL 33733-3489. o SPC. <i>DO NOT</i>	Attn: Allstate	e Center Busin	ess Office ny department/PO	Expiration date:		
Business Office PAYMENT INFORMATION: By C By CREDIT CARD: VISA MAST	e, at P.O. Box 13 CHECK/MONEY FERCARD □ A	489, St. Petersburg, ORDER: Payable t MERICAN EXPRES	FL 33733-3489. o SPC. <i>DO NOT</i> S Credit Card no	Attn: <u>Allstat</u>	e Center Busin	ess Office ny department/PO	Expiration date:_		
Business Office PAYMENT INFORMATION: By C Y CREDIT CARD: VISA MAST RESIDENCY STATEMENT: Plea	e, at P.O. Box 13 CHECK/MONEY FERCARD	489, St. Petersburg, ORDER: Payable t	FL 33733-3489. o SPC. <i>DO NOT</i> S Credit Card not mnly affirm that I a	Attn: Allstate MAIL CASH. umber: am a Florida re	e Center Busing Bill n	ess Office ny department/PO I have established	Expiration date:_		
Business Office PAYMENT INFORMATION: By C Y CREDIT CARD: VISA MAST RESIDENCY STATEMENT: Plea	e, at P.O. Box 13 CHECK/MONEY FERCARD	489, St. Petersburg, ORDER: Payable t MERICAN EXPRES aswer: I hereby sole	FL 33733-3489. o SPC. <i>DO NOT</i> S Credit Card not mnly affirm that I a	Attn: Allstate MAIL CASH. umber: am a Florida re	e Center Busin	ess Office ny department/PO I have established	Expiration date:_		
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Business Office PAYMENT INFORMATION: By C Y CREDIT CARD: VISA MAST RESIDENCY STATEMENT: Pleasidence in Florida for at least 12 consecutives.	E, at P.O. Box 13 CHECK/MONEY FERCARD A ase check the ar utive months: Card Residence	ORDER: Payable to MERICAN EXPRESONS Swer: I hereby sole YES SIGNATURE	FL 33733-3489. o SPC. <i>DO NOT</i> S Credit Card not mnly affirm that I a NO	Attn: Allstate MAIL CASH. umber: am a Florida re *** AGENO	e Center Busing Bill n Sident and that	ess Office ny department/PO I have established ED? YES	Expiration date:_ I and maintained NO		
Business Office PAYMENT INFORMATION: By C Y CREDIT CARD: VISA MAST RESIDENCY STATEMENT: Plea esidence in Florida for at least 12 consecut Check reason(s) for signature: Credit UPON PENALTY OF	E, at P.O. Box 13 CHECK/MONEY FERCARD	A89, St. Petersburg, ORDER: Payable to MERICAN EXPRESTANCE Issuer: I hereby sole YES SIGNATURE 17.06 F.S.), I HEREE	FL 33733-3489. o SPC. <i>DO NOT</i> S Credit Card not mnly affirm that I a NO ** BY CERTIFY THA	Attn: Allstate MAIL CASH. umber: am a Florida re *** AGENO	Bill n sident and that Y SPONSORE	ess Office ny department/PO I have established ED? YES	Expiration date:_ I and maintained NO		
Business Office PAYMENT INFORMATION: By CREDIT CARD: VISA MAST RESIDENCY STATEMENT: Pleasidence in Florida for at least 12 consecutive	E, at P.O. Box 13 CHECK/MONEY FERCARD A ase check the are utive months: Card Residence FPERJURY (§83 egistration or can	ORDER: Payable to MERICAN EXPRESTANCE SIGNATURE To 7.06 F.S.), I HEREE cellation with refund	FL 33733-3489. o SPC. <i>DO NOT</i> S Credit Card not mnly affirm that I a NO SY CERTIFY THA will be:	Attn: Allstate MAIL CASH. umber: am a Florida re *** AGENO	e Center Busing Bill n sident and that CY SPONSORE	ess Office ny department/PO I have established ED? YES	Expiration date:_ I and maintained		

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) 341-3261 or by mail at P.O. Box 13498, St. Petersburg, FL 33733-3489.

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