



RUNNING START REGISTRATION FORM

NHTI Concord's Community College
31 College Drive, Concord, NH 03301

* Social Security Number Last Name First Name Middle Initial

*Federal law requires that NHTI, Concord's Community College collect names and corresponding social security numbers for all students taking a college course. The college is required by the internal Revenue Code to produce a 1098-T tax form (26 U.S.C.A. Section 6050S or Federal Register, Vol. 67, No. 2244, page 777686 (ii)) which requires the college to report the names and social security numbers of all students taking credit-bearing courses. Please note, however, that the college will ensure the security of the student's social security number and will not disclose it to anyone outside the college, except as authorized by federal or state laws, regulations or applicable policies.

Mailing Address City State Zip Code

Home Phone # Cell Phone # E-Mail Address

Date of Birth: ___ / ___ / ___ Sex: ___ M ___ F Status: ___ Junior ___ Senior ___ Exception (college approval)

Ethnic Background (Optional – for Federal Government Statistics Only):

___ African American ___ American Indian/Alaskan ___ Asian/Pacific Isle ___ Hispanic ___ White ___ Other

CRN#	COURSE # & SECTION	COLLEGE COURSE TITLE	CREDITS	TUITION
				\$150.00
High School:		Teacher's Signature:		

Disabilities Services:

Please be advised that students currently receiving modifications in an IEP under the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act will not be eligible for modifications in a college course in the Running Start program. While students may be eligible for accommodations through the college's Disabilities Services Office, students must be otherwise qualified to do college level work and address the essential elements of the course without fundamental alterations to the curriculum. If you have questions, please contact the Disabilities Coordinator at the college offering the course in the Running Start program.

I understand by registering for a CCSNH course, I am financially obligated for ALL costs related to the registered course(s).

Student Signature Date Parent/Guardian Signature Date
(Required if student is under 18 years of age)

PAYMENT INFORMATION	
<i>(Payment due at time of registration – Make checks payable to NHTI)</i>	
Credit Card Type: <input type="checkbox"/> Master Card <input type="checkbox"/> Visa <input type="checkbox"/> Discover CC#: _____ Exp Date: _____ Name on Card: _____ Billing Address: _____ Signature: _____	<input type="checkbox"/> Check / Money Order (Attach) <input type="checkbox"/> Scholarship (Attach Application) <input type="checkbox"/> School District (Attach Authorization) <input type="checkbox"/> Voucher (Attach)

Registration Form Must be Returned With Payment by October 1, 2011