

# REGISTRATION FORM

101 COMMUNITY COLLEGE WAY  
JOHNSTOWN, PA 15904  
WWW.PENNHIGHLANDS.EDU  
814.262.3815

NAME: \_\_\_\_\_

ADDRESS 1: \_\_\_\_\_

ADDRESS 2: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL: \_\_\_\_\_

COUNTY OF RESIDENCE: \_\_\_\_\_

DOB: \_\_\_\_\_ LAST 4 DIGITS OF SSN: \_\_\_\_\_

CODE	COURSE TITLE	COST
TOTAL COST:		

## Method of Payment

### Check Information

*(If paying by check fill out below. Make checks payable to Pennsylvania Highlands Community College.)*

Check Number: \_\_\_\_\_

### Credit Card Information

*(If paying by credit card fill out below.)*

\_\_\_ Visa or \_\_\_ Mastercard *(Check one if applicable.)*

Card #: \_\_\_\_\_ Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

### How did you hear about us?

- Mailing     College Website     Newspaper     Friend     Email  
 Other \_\_\_\_\_