

White Mountains Community College

Running Start Registration Form



Course Term: (Please circle one of the following.) **Year long** **Fall** **Spring** **Date:** _____

Social Security Number*	First Name	MI	Last Name
MAILING ADDRESS: Street/RFD/Box		Home Telephone	
City/Town	State	Zip	E-Mail Address
High School and Code		High School Teacher	

For Statistical Purposes Only

ETHNIC BACKGROUND – For Fed/Govt Statistics

Birth Date: _____

Male _____ Female _____

Black – Non Hispanic _____
 Asian-Pacific Islands _____
 Hispanic _____

White Non-Hispanic _____
 Non-Resident Alien _____
 Am. Indian/Alaskan _____

Course Ref.#	Course#	Course Title	Credits	Tuition
				\$100
				\$100

- _____ Check made out to White Mountains Community College (Attached)
- _____ I have applied for a Community College System of NH financial need scholarship (form attached)
- _____ Credit Card payment, information below

Credit Card # _____ / MC ___ Visa ___ Discover ___ Exp. Date: _____

I understand that this is my official Registration. I also understand that 100% refund will be granted if requested on an official CCSNH drop form *prior to the close of this semester's registration period.*

STUDENT SIGNATURE	DATE	PARENT SIGNATURE	DATE
-------------------	------	------------------	------

*Federal law requires that White Mountains Community College collect names and corresponding social security numbers for all students attending the college. 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