



# Medical Assistant Registration Form

For College Use Only (Copies Attached)		
____ Picture ID (current) Driver's License	____ (Signed) Social Security Card	____ Proof of Registry listing

Student ID: \_\_\_\_\_

BRCC Receipt # \_\_\_\_\_

Course #: MED 8040 \_\_\_\_\_

Course ID #: \_\_\_\_\_

Social Security No. (for student information only)	Print Name (Last, First, Middle Initial)	Maiden Name	
Mailing Address			
City	State	Zip	
County of Residence			
Home Phone Number	Business Phone Number	Cell Phone Number	
Email Address (please print legibly)	Birthdate ( Month/Day/Year) / /	<input type="checkbox"/> Male <input type="checkbox"/> Female	
<b>Ethnic</b> <input type="checkbox"/> 1. Hispanic/Latino  <input type="checkbox"/> 2. Non Hispanic/Latino	<b>Race</b> <input type="checkbox"/> 1. White <input type="checkbox"/> 2. Black <input type="checkbox"/> 3. Hawaiian/Pacific Islander <input type="checkbox"/> 4. Asian <input type="checkbox"/> 5. American/Alaska Native	<b>Circle Highest Grade Completed</b> 1 2 3 4 5 6 7 8 9 10 11 12 or <input type="checkbox"/> Adult High School <input type="checkbox"/> High School Equivalency(GED) <input type="checkbox"/> One Year Vocational Diploma <input type="checkbox"/> Associate Degree <input type="checkbox"/> Bachelor's Degree <input type="checkbox"/> Master's Degree or Higher	<b>Employment Status</b> <input type="checkbox"/> 1. Retired <input type="checkbox"/> 2. Unemployed Seeking <input type="checkbox"/> 3. Unemployed Not Seeking <input type="checkbox"/> 4. Employed Part Time <input type="checkbox"/> 5. Employed Full Time

I certify that the information above is true and accurate and that my legal residence for tuition purposes is as shown. Pursuant to College Procedure 8.1.1, Blue Ridge Community College reserves the right to use photographs, motion pictures, and electronic images of students who are age 18 or older for marketing and promotional purposes. Objection to the use of an individual's photograph in such a manner may be made in writing to the Director of Public Relations.

**Signature** (required for all students): \_\_\_\_\_

## Payment Information

Total Amount Enclosed \$ \_\_\_\_\_

- Check   
  Money Order   
  Cash   
  VISA   
  MC   
  3<sup>rd</sup> Party Billing (Authorization Attached)

Credit Card #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CSC: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Signature of Card Holder: \_\_\_\_\_