



Disclaimer: The information you provide on this form will remain confidential and will only be used to improve services aimed at workforce development activities.

REGISTRATION FORM

Please Print:

Last Name _____ First Name _____ Middle Initial _____

Mailing address: _____

Best number to reach you: _____

Email address: _____

Please name your current or most recent employer: _____

If Nissan employee, please enter ID # _____

I would like to register for the following class(es):

Course Title and Date: _____

Course Title and Date: _____

Course Title and Date: _____

Course Title and Date: _____

Course Title and Date: _____

If more space is needed, continue below.

Signature: _____ **Date:** _____

Payment must be received by the start of classes. Holmes Community College Workforce accepts cash, checks, credit/debit cards.

Please email registration form to the appropriate contact.

Grenada: Slade Redwine – sredwine@holmescc.edu

Goodman: Earline Smith – esmith@holmescc.edu

Ridgeland: Rachel Deer – rdeer@dreaminc.org