

Registration Form for St. Louis Community College Courses Only

**Mail to: St. Louis Community College at Forest Park,
Continuing Education Office, 5600 Oakland Ave., St. Louis, MO 63110**

Social Security Number:

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Name _____ Home Phone _____ Work Phone _____

Address _____

City _____ State _____ Zip _____

Course Number and Section	Course Title	Date	Time	Fee

Make checks payable to St. Louis Community College or charge fees to: ___MC ___Visa ___Discover

Account # _____ Exp. Date _____ Signature _____