



LORD FAIRFAX COMMUNITY COLLEGE

Workforce Solutions

Partners in Your Success

CLASS REGISTRATION

MIDDLETOWN CAMPUS:

Workforce Solutions
173 Skirmisher Lane
Middletown, VA 22645-1745
540-868-7021
540-868-7020 (Fax)

FAUQUIER CAMPUS:

Workforce Solutions
6480 College Street
Warrenton, VA 20187-8820
540-351-1524
540-351-1560 (Fax)

To register for Workforce Solutions classes, please complete the registration form below, enclose your payment and return to the appropriate Workforce Solutions Office prior to the first class meeting. It is recommended that you register no less than 3 days prior to the class starting date. Registrations are processed on a first-come, first-serve basis and must be accompanied by payment. Registrations can be faxed to 540-868-7020. It is also possible to register for any of our classes online and pay via credit/debit card at our website: www.LFCCworkforce.com.

PERSONAL INFORMATION

FIRST NAME _____ FULL MIDDLE _____ LAST: _____
FORMER NAME (if applicable) _____ STUDENT ID NUMBER: (if known) _____
GENDER Male Female

CONTACT INFORMATION

MAILING ADDRESS _____
CITY/TOWN _____ STATE _____ ZIP _____
PHONE NUMBER: _____ COUNTY / CITY OF RESIDENCE _____
E-MAIL ADDRESS _____

EMPLOYER INFORMATION (if employed)

EMPLOYER NAME AND ADDRESS: _____
BUSINESS PHONE NUMBER _____

RESIDENCY / DEMOGRAPHICS

RESIDENCY Native: US Citizen since birth Not a US Citizen / Country of Citizenship: _____
 Naturalized: Became US Citizen after birth
ETHNIC GROUP: White Asian Non-Specified
 Black/African American American Indian
 Hispanic/Latino Native Hawaiian/Pacific Islander

CLASS LOCATION / CAMPUS

Middletown Campus (Middletown, VA) Fauquier Campus (Warrenton, VA) Luray-Page County Center (Luray, VA) Vint Hill Center (Warrenton, VA)

PREFERENCES

Occasionally we send information about upcoming classes to former WSCE students. Additionally, we sometimes take pictures/videos in our classes for promotional advertising. If you prefer to either not receive information via email or would request that we not use your image in promotions, please indicate below:
 I wish to **OPT OUT of receiving promotion information via mail or email** on upcoming classes and events from Workforce Solutions.
 I wish to **OPT OUT of being included in any photography, video, or audio recordings** for Workforce Solutions promotional purposes.

CLASS REGISTRATION

START DATE	START TIME	COURSE NAME	COST
6/3/18	8:30 am	Microsoft Word 2016 Intermediate (SAMPLE)	\$145

If you have registered for a class that requires the purchase of a text/resource book, those books should be purchased from the school bookstore or a third-party vendor prior to class. Online Course descriptions for classes requiring texts include the ISBN number.

TOTAL FEES

Information below this line will be used for identification and payment purposes only and will be removed from form (and destroyed) if stored. Otherwise form will be destroyed.

CONFIDENTIAL INFORMATION

BIRTH DATE _____ SOCIAL SECURITY NUMBER _____

PAYMENT INFORMATION (Select One)

Credit Card (Check One) VISA MasterCard **Check** Check # _____ **Cash**
Card Number: _____ - _____ - _____ - _____ Expiration Date: _____
Cardholder Signature: _____ Today's Date: _____
 Bill Employer* *Purchase order or letter of authorization on company letterhead must accompany registration **Office Use** Entered in Lumens