

Express Registration for Non-Credit Courses

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____

Cell/Work Phone: _____

E-mail: _____

***If registering a minor, please complete the following:**

Parent/Guardian: _____

Minor's School: _____ Grade Completed: _____ Age: _____

Is the student covered by medical insurance? Yes ___ No ___

In case of emergency, contact: _____

(Phone number(s) of emergency contact person: _____

The parent/guardian grants permission for LSUE to...

Photograph/videotape the student for instructional or publicity purposes Yes ___ No ___

Obtain medical care, including ambulance service, for the child in case of medical emergency?

Yes ___ No ___

Parent/Guardian's Signature: _____

Supply fees are to be paid to instructor during class.

Course	Start Date	Fee
_____	_____	_____
_____	_____	_____
_____	_____	_____

Total: _____

Send to: LSUE
Office of Continuing Education
P.O. Box 1129
Eunice, LA 70535

Hand deliver to: Acadian Center
Room 114
M-F 8:00 a.m. to 4:30 p.m.