



# RUNNING START REGISTRATION FORM

**Lakes Region Community College**  
 379 Belmont Road, Laconia, NH 03246  
 Phone 603-524-3207 • Fax 603-524-8084

\* **Social Security Number**                      **Last Name**                      **First Name**                      **Middle Initial**

\*For compliance purposes, the Community College System of New Hampshire and its Colleges collect names and social security numbers from all students attending the college. For example, the Internal Revenue Code requires the college to produce a 1098-T tax form. The college's use of social security numbers will be limited to legitimate educational purposes. The college will exercise due diligence to protect the security of the student's social security number and will not disclose it to anyone outside the college, except as authorized by federal or state laws or applicable policies.

**Mailing Address**                      **City**                      **State**                      **Zip Code**

**Home Phone #**                      **Cell Phone #**                      **E-Mail Address**

**Date of Birth:** \_\_\_ / \_\_\_ / \_\_\_      **Sex:** \_\_\_ M \_\_\_ F      **Status:** \_\_\_ Junior \_\_\_ Senior \_\_\_ Exception (college approval)

**Ethnic Background (Optional – for Federal Government Statistics Only):**

\_\_\_ African American    \_\_\_ American Indian/Alaskan    \_\_\_ Asian/Pacific Isle    \_\_\_ Hispanic    \_\_\_ White    \_\_\_ Other

CRN#	COURSE # & SECTION	COLLEGE COURSE TITLE	CREDITS	TUITION
				\$150.00
High School:		Teacher's Signature:		

**Disabilities Services:** Please be advised that students currently receiving modifications in an IEP under the Individuals with Disabilities Education Act and Section 504 of the Rehabilitation Act will not be eligible for modifications in a college course in the Running Start program. While students may be eligible for accommodations through the college's Disabilities Services Office, students must be otherwise qualified to do college level work and address the essential elements of the course without fundamental alterations to the curriculum. If you have questions, please contact the Disabilities Coordinator at the college offering the course in the Running Start program.

**Financial Obligation:** I agree that by registering for courses within the Community College System of New Hampshire (CCSNH), I am financially obligated for ALL costs related to the registered course(s). Upon a drop or withdrawal, I understand that registration fees are non-refundable and agree that I will be responsible for all charges as noted in the student catalog and handbook. I further understand that if I do not make payment in full, my account may be reported to the credit bureau and/or turned over to an outside collection agency. I also agree to pay for the fees of any collection agency, which may be based on a percentage of the debt up to a maximum of 35%, and all additional costs and expenses, including any protested check fees, court filing costs and reasonable attorney's fees, which will add significant costs to my account balance.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_      Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
 (Required if student is under 18 years of age)

<b>PAYMENT INFORMATION</b> <i>(Payment due at time of registration – Make checks payable to "LRCC")</i>	
	<b>Amount</b>
<b>Credit Card Type:</b> Master Card    Visa    Discover	___ Credit Card                      _____
<b>Account Number:</b> _____	___ Check / Money Order (Attach)                      _____
<b>Expiration Date:</b> _____ <b>Sec. Code:</b> _____	___ Scholarship (Attach Application)                      _____
<b>Name on Card:</b> _____	___ School District (Attach Authorization)                      _____
<b>Billing Address:</b> _____	___ Voucher (Attach)                      _____
<b>Signature:</b> _____	

**Registration Form Must be Returned With Payment by October 1, 2016**