

# Agency/Organization & Student Registration Form

**Instructions:** This form may be faxed to 808-453-6730. Please have ALL parties sign. If the participant is not available, he/she may submit a separate student registration form (available on our website) via fax or in-person at our office.

REFERRING AGENCY/ORGANIZATION				
Signature _____ Date _____ <small>(I hereby authorize training for the participant below)</small>			Print Name	
Agency/Organization Name	Phone (Work)	Phone (Fax)	Email	

PAYER INFORMATION		FOR INVOICING PURPOSES		
Signature _____ Date _____ <small>I hereby authorize the Office of Workforce Development of Leeward Community College to invoice for the cost of such course(s) for the participant below. Purchase order acceptance is subject to the approval of the Director of OWD.</small>			Print Name	
Agency/Organization Name	Phone (Work)	Phone (Fax)	Email	
Street Address		City	State	Zip Code

<input type="checkbox"/> Purchase Order (Please fax P.O. to 808-453-6730): No. _____	<input type="checkbox"/> Check or Money Order No. _____
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**CREDIT CARD PAYMENTS:** Credit card payments are accepted **ONLY** online, or in-person. Each course has a section to register and pay online. In-person payments will be processed through our registration staff.

PARTICIPANT INFORMATION				
Legal Name (Last, First, M.I.)		Date of Birth (Mo/Day/Yr)	Driver's License No.	Driver's License (State Issued)
Street Address		City	State	Zip Code
Phone (Home)	Phone (Work)	Phone (Mobile)	Email	
Career Goal (or Training Objective)				
<p>I fully understand the OWD Non-Credit Registration policy and all applicable policies of Leeward Community College.  <i>Note: If participant is not available for signature, he/she may come to our office to sign or submit a separate student registration form.</i></p>				
Participant Signature _____		Parent Signature _____		Date _____
<small>(if participant is under 18 years of age)</small>				

Course No.	Course Title	Start Date	Start Time	Tuition

**TOTAL TUITION \$** \_\_\_\_\_

