

H. Lavity Stoutt Community College

"Our Tomorrow Begins Today"
P.O. Box 3097, Road Town, Tortola, VG 1110, Virgin Islands
Tel: (284) 494-4994 | Web: hlscc.org

WORKFORCE TRAINING DIVISION REGISTRATION FORM

	CPD MAR	ITIME CULINARY R	MI TECHNICAL		
ACADEMIC YEAR 20 SPRING SUMMER FALL					
	ACADEMIC YEAR	5-MING 5-MING 5	DAVIIVIEN FALL		
1. Last Nar	me	First Name	Middle Initial		
2. Gender:	Male Female	☐ 3. Employed	d: Yes □ No □		
4. Date of I	Birth : (day	r) (month)	(year)		
5. National	lity:	5. Social Security #	÷		
6. Valid Photo ID: Passport #: Driver's License #:					
Work Permit: Other:					
			Postal Code:		
3. Tel #: Ce		 Work	 Home		
a F-mail·					
10. Have yoυ	ı attended HLSCC before	? Yes No COURSE DETAILS			
Course/Wor	rkshop Title:				
Course/Wor	rkshop Date:				
Course Day	: M □ T [W TH F S	Time:		
Course Fee	: \$				
Registration	n Deadline:				
Receint Nu	mhor:				



H. Lavity Stoutt Community College

"Our Tomorrow Begins Today"
P.O. Box 3097, Road Town, Tortola, VG 1110, Virgin Islands
Tel: (284) 494-4994 | Web: hlscc.org

COURSE DETAILS

L2.	Why am I enrolling in this workshop/course?						
	<u> </u>	l development/certification ls a College degree					
13.	In case of emergency, pleas	e contact:					
	Name:	Relation:					
	Address:	Tel #:					
	ADMINISTRATION ONLY						
14.	J. DECLARATION - (For CPD, MARITIME, CULINARY & TECHNICAL ONLY)						
	Aspects of some workshops will involve strenuous practical exercises.						
	I declare that to the best of my knowledge, I am medically fit to undertake the practical exercises involved in the training.						
	Registrant's Signature	 Date					
	HLSCC Representative's Signa	ature Date					
	PAYMENT – For Official Use Only						
15.	☐ Cash						
	☐ Cheque:	C/K #:					
	☐ Purchase Order:	Issued by:					
	☐ Credit Card:	Master Card Visa					
	☐ Debit Card/ATH						
	Amount Paid:	\$					
	Amount Due:	\$					
	GL Code:	01- 4760 (Tuition Fees-Short Courses)					