

# LAKE LAND COLLEGE

- Please fill out the form and email to [trafficsafetyprogram@lakelandcollege.edu](mailto:trafficsafetyprogram@lakelandcollege.edu) or mail to: Lake Land College Traffic Safety Program, 5001 Lake Land Blvd.
- The course fee is \$50 for the classroom and \$75 for the online course (non-refundable). You will be sent a statement for the course fee by Lake Land College.
- [If you received your ticket in Coles, Cumberland, Moultrie or Effingham County, do not fill out this form, you must register directly with them.](#)

*If you have a Commercial Driver's License (CDL), the Traffic Safety Program will not prevent action against your CDL.*

Name: \_\_\_\_\_  
Last First Middle

Previous names (s) \_\_\_\_\_ Gender: \_\_\_ Male \_\_\_ Female

Address: \_\_\_\_\_

City/State/Zip Code/County: \_\_\_\_\_  
City State Zip code County

Telephone: Home (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_ Birthdate: \_\_\_\_/\_\_\_\_/\_\_\_\_  
month day year

Are you in the United States on a Visa-Nonresident Alien?

- Yes in the United States on a Visa ---Provide Home Country of Origin \_\_\_\_\_  
 Not in the United States on a Visa

Are you Hispanic or Latino (or are you of Spanish Origin)? \_\_\_ Yes Hispanic or Latino \_\_\_ Not Hispanic or Latino

Are you from one or more of the following racial groups? (Select All That Apply)

- American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 Asian  White  
 Black or African American  Choose Not to Respond

Please identify your primary racial/ethnic group. (Select One).

- American Indian or Alaska Native  Native Hawaiian or Other Pacific Islander  
 Asian  White  
 Black or African American  Choose Not to Respond  
 Hispanic or Latino

Highest degree completed:

- Less than High School  Certificate  Masters  Other  
 GED, year received \_\_\_\_  Associate  Doctorate  Some College  
 High School diploma  Baccalaureate  1<sup>st</sup> Professional  Unknown

Date of Citation/Complaint \_\_\_\_/\_\_\_\_/\_\_\_\_ Citation/Complaint Number \_\_\_\_\_  
Month Day Year

County where citation was received \_\_\_\_\_ Required date of completion \_\_\_\_\_

Drivers License Number \_\_\_\_\_ Issuing State of Drivers License \_\_\_\_\_

## Class Options:

**Effingham:** Wednesday 6:00-10:00 p.m./Saturday 8:00a.m. -12:00p.m. or 1:00-5:00p.m. **Sullivan:** Weeknights 5:00-9:00pm

**Mattoon:** Weeknights 5:00-9:00pm **Charleston:** Weeknights 5:00-9:00p.m. **Online:** Please provide email address above.