

REGISTRATION FORM

For Continuing Education (non-credit) Courses

Last Name		First Name	M.I. Fo	ormer Last Name (if applicable)		Date of Birth
		tudent ID, or don't remember? Provide Social Security No. y do we ask for SSN? NorthwoodTech.edu/SSN		\square I've taken classes at Northwood Technical College and/or WITC in the past.		the past.
Email address (req	uired as email is primary me	thod of communication	by the college)	Home phone Ce	ell phone	
Home address City			City	State ZIP Highest grade COMPLETED (K-12)		
Resident of (check	one): Township DVilla	age □City Co	unty School District	where you live Last high school attended		· /
The following info	rmation is required for state	and federal reporting p	urposes and will be kept co	onfidential.		
Gender: □Male	□Female Ethnicit	y: Hispanic/Latino origin	? □Yes □No			
Race (check all tha	t apply): 🗆 American Indian/	/Alaska Native 🛮 Asian	☐ Black/African American ☐	Native Hawaiian/Other Pacific Islander U White	OFFICE	USE ONLY
Highest Credent					Term	
☐ No Credentia				☐ Baccalaureate	Received by	
□ GED				☐ More than Baccalaureate	_	entered
☐ HSED☐ High School I		ertificate iploma	☐ Associate Degree Plus Additional C	☐ Student Declined/Unknown Tredential		
, .	•	, ,	,	should do so immediately as a single e first scheduled class meeting.		
CLASS NO.	CATALOG NO.	CL	ASS TITLE	LOCATION	START DATE	CLASS FEE
27503	47504405	Patrol Officer	Inservice	Northwood Tech Rice Lake	05/23/2024	50.00
27000	47304403	T diror Officer	111301 1100	THORITIWOOD TEOTITIOE EARC	00/20/2024	30.00
Once registered for a course(s), you have created a		ed a liability with Northwo	od Tech and a promise to pa	V.	TOTAL 50.	00
	Security Report can be located at	<u> </u>		<u>, </u>	10.00.	
Northwood Tech is an	Equal Opportunity/Access/Affirm Registration: Motorcycle,	native Action/Veterans/Disabi	lity Employer and Educator.			
Driver's License Nu	umber		Assessment Agenc	y and Date		
	: With parent/guardian app minimum age prerequisites.		courses are open to student	ts age 16 or younger when the course meets ou	tside student's normal	school hours. Some
Parent/Legal Guar	dian name:		Signature: _		Date	:
				ganization name, signature and attach written author		
Name of Business/	Agency or EMS/Fire Sponso	or:				
I authorize Northw	ood Tech to forward inform	ation regarding the com	pletion of this course to the	e sponsor listed on the line above.		
		3 3	•		Student Signature	08.10.21
PAYMENT METH		rder payable to Northwo	ood Technical College CK #	£ □ Cas	h	
				Exp. Date	Consider C	`odo
	ப Credii Card No.		Mastercard/Visa/Discover)	Exp. Date (month/		.oue
Namo on Carel			Cardhalder	Signaturo		
INGINE ON CARD _			Cardnoider	Signature		



Northwood Technical College Formally Wisconsin Indianhead Technical College

Formally Wisconsin Indianhead Technical College
CNED AUTHORIZATION TO BILL FOR PAYMENT

Authorization: Authorization New Richmond Campus 1019 S Roowled Ave 1019 Roowled Roomled Roo	se select campus location:						
Company Name ID:	2100 Beaser Avenue 1019 S Knowles Ave Ashland, WI 54806 New Richmond, WI 54017 715.682.4591 715.246.6561	1900 College Drive 600 N 21st St Rice Lake, WI 54868 Superior, WI 54880 715.234.7082 715.394.6677					
Student Name: ID: (if known)	Common Morro	will be covering the costs for the purpose selected below:					
Student Name: ID: (if known)	Company Name						
Student Name: ID: (if known) Student Name: ID: (if known) Student Name: ID: (if known) *If needed, please add an additional page with all student names Select Applicable Charges: Term/Semester or Class Date: (example: Fall 2021 semester) Books (example: Fall 2021 semester) *If only paying for a specific class, list the class name/number Class Name: Class Number: Authorization: I understand that this Authorization is an agreement between Northwood Tech and the company stated above. I hereby authorize Northwood Tech to bill us for all costs associated per this agreement. Company Name Telephone Company Address City, State, Zip	Student Name:						
Student Name: ID:	Student Name:						
Student Name: "If needed, please add an additional page with all student names Select Applicable Charges: Tuition Books "If only paying for a specific class, list the class name/number Class Name: Misc Fees Class Number: Authorization: I understand that this Authorization is an agreement between Northwood Tech and the company stated above. I hereby authorize Northwood Tech to bill us for all costs associated per this agreement. Company Name Telephone Company Address City, State, Zip Contact Email Address	Student Name:						
*If needed, please add an additional page with all student names Select Applicable Charges:	Student Name:	ID:					
Tuition (example: Fall 2021 semester) Books 'If only paying for a specific class, list the class name/number Class Name: Class Number: Authorization: I understand that this Authorization is an agreement between Northwood Tech and the company stated above. I hereby authorize Northwood Tech to bill us for all costs associated per this agreement. Company Name Telephone Company Address City, State, Zip	*If needed, please add an additional page with all student names	(if known)					
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Contact Email Address	I understand that this Authorization is an agreer above. I hereby authorize Northwood Tech to b	ill us for all costs associated per this agreement.					
	Company Address	City, State, Zip					
Printed Authorized Name Authorized Title	Contact Email Address						
	Printed Authorized Name	Authorized Title					
Authorized Signature Date Signed	Authorized Signature	Date Signed					