

REGISTRATION FORM

For Continuing Education (non-credit) Courses

Last Name		First Name		Former Last Name (if applicable)		Date of Birth	
		lent ID, or don't remember? Provi o we ask for SSN? NorthwoodTecl	•	☐ I've taken classes at Northwood Technical C	College and/or WITC in	the past.	
Email address (req	uired as email is primary me	thod of communication b	y the college)	Home phone (Cell phone		
Home address			City	State ZIP Highest grade COMPLETED (K-12)			
Resident of (check	one): □Township □Villa	age □City Cou	nty School Distric	t where you live Last high school atte	nded	, ,	
The following info	rmation is required for state	and federal reporting pu	rposes and will be kept c	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	\square Native Hawaiian/Other Pacific Islander $\ \square$ Whit	е	USE ONLY	
Highest Credent	ial Earned				Term		
□ No Credentia□ GED□ HSED	☐ Short	e college credit			Received by Date registration entered		
	ility to contact Northwood Te	· ch to officially drop a class		Credential u should do so immediately as a single ne first scheduled class meeting.			
CLASS NO.	CATALOG NO.	CLA	SS TITLE	LOCATION	START DATE	CLASS FEE	
27508	47504405	Patrol Officer I	nservice	Northwood Tech Rice Lake	05/08/2024	60.00	
21300	47304403	T attor Officer 1	I ISEI VICE	Northwood Tech Nice Lake	5 03/00/2024	00.00	
Once registered f	or a course(s), you have create	d a liability with Northwoo	d Tech and a promise to pa	ay.	TOTAL 60.00		
Northwood Tech is an	Security Report can be located at Equal Opportunity/Access/Affirm Registration: Motorcycle,	ative Action/Veterans/Disabili	ty Employer and Educator.				
Driver's License No	ımber		Assessment Agen	cy and Date			
	: With parent/guardian app minimum age prerequisites.		ourses are open to studer	nts age 16 or younger when the course meets o	utside student's normal	school hours. Some	
Parent/Legal Guar	dian name:		Signature:		Date	:	
				ganization name, signature and attach written autho			
Name of Business/	Agency or EMS/Fire Sponso	r:					
l authorize Northw	ood Tech to forward inform	ation regarding the comp	pletion of this course to th	e sponsor listed on the line above	Student Signature	08.10.21	
PAYMENT METH		☐ Check/money order payable to Northwood Technical College CK # ☐ Cash ☐ Agency bill (complete section above					
	☐ Credit Card No			Exp. Date	Security (Code	
	_ 5.5411 5414 110.		Mastercard/Visa/Discover)		/year)		
Name on Card			Cardholder	Signature			
			caranolder				



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	ease select campus location:	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						