

## **REGISTRATION FORM**

For Continuing Education (non-credit) Courses

Last Name		First Name M.I.		Former Last Name (if applicable)		Date of Birth	
		dent ID, or don't remember? Provide Social Security No. do we ask for SSN? NorthwoodTech.edu/SSN		$\hfill \square$ I've taken classes at Northwood Technical College and/or WITC in the past.		he past.	
Email address (req	uired as email is primary me	thod of communication	by the college)	Home phone C	ell phone		
Home address		City	State		ZIP Highest grade COMPLETED (K-12)		
Resident of (check	one): □Township □Villa	nge □City Co	ounty School Distri	ict where you live Last high school atten		· /	
The following info	rmation is required for state	and federal reporting p	ourposes and will be kept	confidential.			
<b>Gender:</b> □Male	□Female <b>Ethnicit</b> y	: Hispanic/Latino origi	n? □Yes □No				
Race (check all that	apply): 🗆 American Indian/	'Alaska Native 🛮 Asian	☐ Black/African American	$\square$ Native Hawaiian/Other Pacific Islander $\square$ White	9 _	USE ONLY	
Highest Credent	ial Earned				Term		
□ No Credentia □ GED □ HSED	☐ Short	term diploma Associate Degree More than Ba					
☐ High School [			Plus Additional		1		
, .	•	, ,	, , , , , , , , , , , , , , , , , , , ,	ou should do so immediately as a single the first scheduled class meeting.			
CLASS NO.	CATALOG NO.	CL	ASS TITLE	LOCATION	START DATE	CLASS FEE	
N/A	N/A	ARIDE		Northwood Tech Rice Lake	April 1-2	\$Free	
					•		
						_	
		ted a liability with Northwood Tech and a promise to pay.			TOTAL \$Free		
Northwood Tech is an	Security Report can be located at Equal Opportunity/Access/Affirm egistration: Motorcycle,	ative Action/Veterans/Disab	ility Employer and Educator.				
Driver's License Nu	ımber		Assessment Age	ncy and Date			
	: With parent/guardian app minimum age prerequisites.	roval, Northwood Tech	courses are open to stude	ents age 16 or younger when the course meets or	utside student's normal	school hours. Some	
Parent/Legal Guard	dian name:		Signature:		Date:		
				organization name, signature and attach written autho			
Name of Business/	Agency or EMS/Fire Sponso	r:					
I authorize Northw	ood Tech to forward inform	ation regarding the cor	npletion of this course to t	he sponsor listed on the line above			
					Student Signature	08.10.21	
PAYMENT METH		eck/money order payable to Northwood Technical College CK # Cash ency bill (complete section above					
	☐ Credit Card No.			Exp. Date	Security C	ode	
			(Mastercard/Visa/Discove	r)			
Name on Card			Cardholdo	or Signature			
Name on Cald _			Cardifolde	er Signature			