



# REGISTRATION FORM

For Continuing Education (non-credit) Courses

Last Name	First Name	M.I.	Former Last Name (if applicable)	Date of Birth
Student ID No.				<input type="checkbox"/> I've taken classes at Northwood Technical College and/or WITC in the past.
No student ID, or don't remember? Provide Social Security No. *Why do we ask for SSN? NorthwoodTech.edu/SSN				

Email address (required as email is primary method of communication by the college)	Home phone	Cell phone
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Home address	City	State	ZIP
Resident of (check one): <input type="checkbox"/> Township <input type="checkbox"/> Village <input type="checkbox"/> City			Highest grade COMPLETED (K-12) _____
County	School District where you live	Last high school attended	

The following information is required for state and federal reporting purposes and will be kept confidential.

**Gender:** ☐ Male ☐ Female      **Ethnicity:** Hispanic/Latino origin? ☐ Yes ☐ No

**Race (check all that apply):** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White

**Highest Credential Earned**

<input type="checkbox"/> No Credential	<input type="checkbox"/> Some college credit	<input type="checkbox"/> 2yr Diploma	<input type="checkbox"/> Baccalaureate
<input type="checkbox"/> GED	<input type="checkbox"/> Short-term diploma	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> More than Baccalaureate
<input type="checkbox"/> HSED	<input type="checkbox"/> or certificate	<input type="checkbox"/> Associate Degree	<input type="checkbox"/> Student Declined/Unknown
<input type="checkbox"/> High School Diploma	<input type="checkbox"/> 1yr Diploma	Plus Additional Credential	

<b>OFFICE USE ONLY</b>
Term _____
Received by _____
Date registration entered _____

**It is your responsibility to contact Northwood Tech to officially drop a class.** If you decide to drop, you should do so immediately as a single day can affect your refund amount. A full refund will be given if you notify Northwood Tech prior to the first scheduled class meeting.

CLASS NO.	CATALOG NO.	CLASS TITLE	LOCATION	START DATE	CLASS FEE
41347	47504497	DOJ Instr Handgun/Rifle	RLPD Firing Range	06/2/2025	450.00
		MRDS			
Once registered for a course(s), you have created a liability with Northwood Tech and a promise to pay.				<b>TOTAL 450.00</b>	

A full detailed Annual Security Report can be located at the following link: [www.northwoodtech.edu/annualsecurityreport](http://www.northwoodtech.edu/annualsecurityreport)  
Northwood Tech is an Equal Opportunity/Access/Affirmative Action/Veterans/Disability Employer and Educator.

**Traffic-Related Registration:** Motorcycle, Traffic Safety, Group Dynamics, Multiple Offender

Driver's License Number \_\_\_\_\_ Assessment Agency and Date \_\_\_\_\_

**Youth Registration:** With parent/guardian approval, Northwood Tech courses are open to students age 16 or younger when the course meets outside student's normal school hours. Some courses may have minimum age prerequisites.

Parent/Legal Guardian name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

**Agency Bill/Sponsored Registration:** If an agency or employer has agreed to pay your tuition, provide organization name, signature and attach written authorization.

Name of Business/Agency or EMS/Fire Sponsor: \_\_\_\_\_

I authorize Northwood Tech to forward information regarding the completion of this course to the sponsor listed on the line above. \_\_\_\_\_  
Student Signature 08.10.21

<b>PAYMENT METHOD:</b>	<input type="checkbox"/> Check/money order payable to Northwood Technical College CK # _____	<input type="checkbox"/> Cash
	<input type="checkbox"/> Agency bill (complete section above)	
	<input type="checkbox"/> Credit Card No. _____ Exp. Date _____ Security Code _____ (Mastercard/Visa/Discover) (month/year)	
Name on Card _____ Cardholder Signature _____		



**Northwood Technical College**  
Formerly Wisconsin Indianhead Technical College  
**CNED AUTHORIZATION TO BILL FOR PAYMENT**

Please select campus location:

<input type="checkbox"/> Ashland Campus 2100 Beaser Avenue Ashland, WI 54806 715.682.4591	<input type="checkbox"/> New Richmond Campus 1019 S Knowles Ave New Richmond, WI 54017 715.246.6561	<input type="checkbox"/> Rice Lake Campus 1900 College Drive Rice Lake, WI 54868 715.234.7082	<input type="checkbox"/> Superior Campus 600 N 21st St Superior, WI 54880 715.394.6677	<input type="checkbox"/> Online
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**All Authorizations emailed to: [authorization\\_pay@northwoodtech.edu](mailto:authorization_pay@northwoodtech.edu)**

\_\_\_\_\_ will be covering the costs for the purpose selected below:

Company Name

Student Name: \_\_\_\_\_

ID: \_\_\_\_\_  
(if known)

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:

Tuition ☐

Books ☐

Misc Fees ☐

Term/Semester or Class Date: \_\_\_\_\_  
(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

\_\_\_\_\_  
Contact Email Address

\_\_\_\_\_  
Printed Authorized Name

\_\_\_\_\_  
Authorized Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Signed