



WISCONSIN  
INDIANHEAD  
TECHNICAL  
COLLEGE

# REGISTRATION FORM

for Continuing Education (non-credit) Courses

WITC is an equal opportunity employer/educator.

\_\_\_\_\_  
Last Name                      First Name                      M.I.                      Former Last Name (if applicable)                      \_\_\_\_\_  
Date of Birth                      Age 62+?

WITC Student ID No. \_\_\_\_\_  
No student ID, or don't remember? Provide Social Security No. \_\_\_\_\_  
 I've taken classes at WITC in the past.

\_\_\_\_\_  
Email address (required for WITC alerts and important communication)                      Home phone                      Cell phone

\_\_\_\_\_  
Home address                      City                      State                      ZIP  
Highest grade \_\_\_\_\_

\_\_\_\_\_  
Resident of (check one):  Township  Village  City County                      School District where you live                      Last high school attended                      \_\_\_\_\_  
COMPLETED (K-12): \_\_\_\_\_

The information below 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**  
 01 = No Credential                       05 = Some college credit                       08 = 2yr Diploma                       11 = Baccalaureate  
 02 = GED                       06 = Short-term diploma or certificate                       09 = Associate Degree                       12 = More than Baccalaureate  
 03 = HSED                       07 = 1yr Diploma                       10 = Associate Degree                       99 = Student Declined/Unknown  
 04 = High School Diploma                      Plus Additional Credential

**It is your responsibility to contact WITC 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 WITC prior to the first scheduled class meeting.

OFFICE USE ONLY	
Term:	_____
<input type="checkbox"/> 38.14 Contract #	_____
<input type="checkbox"/> Employer #	_____
Course Fees \$	_____
Senior Fee \$	_____
Other	_____
Received By/Ext.	_____
Date/Time	_____

CLASS NO.	CATALOG NO.	CLASS TITLE	LOCATION	START DATE	CLASS FEE
Once registered for a course(s), you have created a liability with WITC and a promise to pay.					<b>TOTAL</b>

**PAYMENT METHOD:**  Check or money order payable to WITC     Cash     MasterCard     Visa     Discover    Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_  
 Agency Bill/Sponsored Registration - complete information below; attach required authorization                      Month / Year

\_\_\_\_\_  
Credit Card No.                      Name on Card                      Cardholder Signature

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

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

**Youth Registration:** With parent/guardian permission, students age 16 or younger can attend WITC courses scheduled outside student's normal school hours.\*  
\*Some courses may have minimum age prerequisites.

Signature of Parent/Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

**Sponsored Registration:** If an agency or employer has agreed to pay your tuition, complete the section below and attach written authorization.

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

I authorize WITC to forward information regarding the completion of this course to the sponsor listed above. \_\_\_\_\_  
Student Signature