



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. _____ 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

Resident of (check one): Township Village City County School District Highest grade 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

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

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.

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.					TOTAL

PAYMENT METHOD: <input type="checkbox"/> Check or money order payable to WITC <input type="checkbox"/> Cash <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover		Exp. Date _____	Security Code _____
<input type="checkbox"/> 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