

REGISTRATION FORM

For Continuing Education (non-credit) Courses

Last Name		First Name M.I.		Former Last Name (if applicable)		Date of Birth	
		udent ID, or don't remember? Provide Social Security No. do we ask for SSN? NorthwoodTech.edu/SSN		\square I've taken classes at Northwood Technical College and/or WITC in the past.			
Email address (requ	uired as email is primary met	hod of communication b	y the college)	Home phone Ce	ell phone		
Home address			City	State ZIP Highest grade COMPLETED (K-12)			
Resident of (check	one): □Township □Villa	ge □City Cou	nty School District	where you live Last high school atten		, ,	
The following info	rmation is required for state a	and federal reporting pu	rposes and will be kept co	nfidential.			
Gender: □Male	□Female Ethnicity	: Hispanic/Latino origin?	□Yes □No		OFFICE L	ISE ONLY	
Race (check all that	t apply): 🗆 American Indian//	Alaska Native 🛮 Asian 🛭	Black/African American	Native Hawaiian/Other Pacific Islander 🛚 White		JSE ONLY	
Highest Credent	ial Earned				Term		
□ No Credentia□ GED□ HSED	☐ Short-	college credit term diploma ertificate	erm diploma		Received by Date registration entered		
☐ High School [Plus Additional C				
				should do so immediately as a single first scheduled class meeting.			
CLASS NO.	CATALOG NO.	CLA	SS TITLE	LOCATION	START DATE	CLASS FEE	
22745	30504316	Basic Jail	Academy	Douglas Co Sheriff's Office	02/05/2024	940.00	
22746	30504317	Basic Jail	Academy	Douglas Co Sheriff's Office	03/08/2024		
			,				
Once registered for	or a course(s), you have created	l d a liability with Northwoo	d Tech and a promise to pay	,	TOTAL 94	10.00	
	Security Report can be located at t				IOIAL 92	+0.00	
Northwood Tech is an	Equal Opportunity/Access/Affirmategistration: Motorcycle, T	ative Action/Veterans/Disabili	ty Employer and Educator.				
Driver's License Nu	ımber		Assessment Agenc	y and Date			
	: With parent/guardian appr minimum age prerequisites.	oval, Northwood Tech co	ourses are open to student	s age 16 or younger when the course meets ou	tside student's normal	school hours. Some	
Parent/Legal Guard	dian name:		Signature: _		Date:		
				anization name, signature and attach written autho			
Name of Business/	Agency or EMS/Fire Sponsor	:					
I authorize Northw	ood Tech to forward informa	ition regarding the comp	pletion of this course to the	sponsor listed on the line above.			
					Student Signature	08.10.21	
PAYMENT METH		der payable to Northwo plete section above	od Technical College CK#	Cas	h		
	□ Credit Card No.			Exp. Date	Security Co	ode	
	Li Credii Card No.	(N)	Mastercard/Visa/Discover)	(month/			
Name on Card			Cardholder S	Signature			
- Name on Card _			Caranoider	Manage			