

REGISTRATION FORM

For Continuing Education (non-credit) Courses

Last Name		First Name	M.I. Forr	Former Last Name (if applicable)			Date of Birth
		dent ID, or don't remember? Provide Social Security No. Io 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 metl	hod of communication b	y the college)	Home phone Cell		phone	
Home address			City		State	ZIP	
					Highest gra COMPLETE		
Resident of (check	one): 🛛 Township 🖾 Villag	age	Inty School District w	vhere you live Last hig	gh school attende	ed and a second s	、 ,
The following infor	rmation is required for state a	and federal reporting pu	rposes and will be kept con	ifidential.			
Gender: DMale	□Female Ethnicity	Hispanic/Latino origin?	? 🛛 Yes 🖾 No			OFFICE	USE ONLY
Race (check all that	apply): 🛛 American Indian//	'Alaska Native 🛛 Asian 🗍 Black/African American 🗍		Native Hawaiian/Other Pacific Isla	ander 🛛 White	Term	
Highest Credenti				_		Received by	
 No Credential GED HSED 	□ Short-	e college credit -term diploma ertificate		calaureate re than Baccalaureate dent Declined/Unknown			
□ High School □	. , .		Plus Additional Cre				
	ility to contact Northwood Tec refund amount. A full refund w		, , , , , , , , , , , , , , , , , , , ,	hould do so immediately as a sin first scheduled class meeting.	igle		
CLASS NO.	CATALOG NO.	CLA	ASS TITLE	LOCATION		START DATE	CLASS FEE
25503	47-449-431	Safety Day		New Richmond		Mar 30, 2023	\$55 33.48 (62+)
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				-			
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	'			+			
	'						
 	<u> </u> !						
Once registered for a course(s), you have created a liability with Northwood Tech and a promise to pay.						TOTAL	
A full detailed Annual Security Report can be located at the following link: 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 Nu	ımber		Assessment Agency	and Date			
Youth Registration:				age 16 or younger when the co			
Parent/Legal Guar	dian name:(pleas		Signature:			Date:	
			pay your tuition, provide orga	anization name, signature and attac	ch written authoriza	ation.	
Name of Business/	Agency or EMS/Fire Sponsor	r:					
	5 , 1			sponsor listed on the line above	- e	Student Signature	08.10.21
							00.10.21
PAYMENT METH		□ Check/money order payable to Northwood Technical College CK # □ Cash □ Agency bill (complete section above					
	Credit Card No			Exp. Date_		Security Co	ode
		VI)	Mastercard/Visa/Discover)		(month/ye	ear)	
Name on Card			Cardholder Si	anature			