

## **REGISTRATION FORM**

For Continuing Education (non-credit) Courses

Email address (required as email is primary method of communication by the college)  Home phone  Cell phone  Cell phone  Cell phone  Cell phone  Certain address (required as email is primary method of communication by the college)  City  State  ZIP  Highest grade  COMPLETED (K-12)  COMPLETED (K-12)  Complete	Last Name		First Name	M.I. F	Former Last Name (if applicable)			Date of Birth
Clay   State   ZiP   Highest grade   COMPLETED (K-12)   County   School District where you live   Last high school attended   COMPLETED (K-12)					☐ I've taken classes at Northwood To	echnical Colle	ege and/or WITC in <sup>.</sup>	the past.
Highest grade COMPLETED (K-12)	Email address (requ	uired as email is primary met	hod of communication	by the college)	Home phone	Cell	phone	
Resident of (check one)   Clownship   Willage   City   County   School District where you live   Last high school altended   International	Home address			City		State	Highest gra	
Sender:   Male   Female   Ethnicity: Hispanic/Latino origin?   Yes   No   No Credential supply:   American Indian/Alaska Native   Asian   Black/African American   Native Hawaiian/Other Pacific Islander   White Hawaiiian/Other Pacific Islander   White Hawaiiian/Other Pacific Islander	Resident of (check	one): □Township □Villa	ge □City Co	unty School Distric	ct where you live Last high so	hool attende		, ,
Race (check all that applys   American Indian/Aliska Native   Asian   Black/African American   Native Hawaiian/Other Pacific Islander   White   High School Diploma   Short-term diplome   Associate Degree   More than Baccalaureate   Short-term diplome   Associate Degree   More than Baccalaureate   Short-term diplome   Associate Degree   Short-term diplome   Associate Degree   Short-term diplome   High School Diploma   1yr Diploma   Plus Additional Credential   Associated Degree   Student Declined/Unknown   Student Declined/Unknown   Store of the Pack School Diploma   1yr Diploma   Plus Additional Credential   Student Declined/Unknown   Store of the Pack School Diploma   1yr Diploma   Syou an affect your return amount. A fall rednal will be given if you notify Northwood Tech prior to the first scheduled date meeting.    CLASS NO.   CATALOG NO.   CLASS TITLE   LOCATION   START DATE   CLASS FEE   25498   47-001-415   Spring Garden Expo   Rice Lake   Apr 1, 2023   \$50   35.65 (62+)   Store of the Pack School	The following infor	mation is required for state a	and federal reporting p	urposes and will be kept o	confidential.			
Some college credit     Symbol Credential	Race (check all that	apply): American Indian/			□ Native Hawaiian/Other Pacific Islande	r □ White		USE ONLY
ti syour responsibility to contact Northwood Tech to officially drop a class. If you decide to drop, you should do so immediately as a single slay 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  25498 47-001-415 Spring Garden Expo Rice Lake Apr 1, 2023 \$50   35.65 (62+)  Once registered for a course(s), you have created a liability with Northwood Tech and a promise to pay.  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.northwooditech.edu/annualsecurityreport Northwood Tech is an Equal Opportunity/Access/Mirmahre Action/Neesan/Disability Employer and Education.  Traffic-Related Registration: Motorcycle, Traffic Safety, Group Dynamics, Multiple Offender  Driver's License Number Assessment Agency and Date  Fourth 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.  Signature: Signature and attach written authorization.  Name of Business/Agency or EMS/Fire Sponsor:  authorize Northwood Tech to forward information regarding the completion of this course to the sponsor listed on the line above.  Student Signature  Glasse printy  Glasse printy  Glasse printy  Glasse printy  Agency BIII/Sponsored Registration: If an agency or employer has agreed to payyour fullion, provide organization name, signature and attach written authorization.  Name of Business/Agency or EMS/Fire Sponsor:  authorize Northwood Tech to forward information regarding the completion of this course to the sponsor listed on the line above.  (Mastercard/Visa/Discover) Exp. Date Security Code (month/year)	☐ No Credential☐ GED☐ HSED	☐ Some ☐ Short- or ce	term diploma ertificate	iploma Associate Degree More than Baccalaureate e Associate Degree Student Declined/Unknown			/	
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Courses may have minimum age prerequisites.   Carent/Legal Guardian name:   Signature:   Date:					ender			
Parent/Legal Guardian name:  (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:  authorize Northwood Tech to forward information regarding the completion of this course to the sponsor listed on the line above.  Student Signature  OB.1021  PAYMENT METHOD:    Check/money order payable to Northwood Technical College CK #   Cash   Agency bill (complete section above   Exp. Date Security Code    (Mastercard/Visa/Discover) (month/year)	Driver's License Nu	mber		Assessment Agen	ncy and Date			
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