



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.					TOTAL

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