

_____	_____	_____	_____	_____	_____	_____
Last Name	First Name	MI	Former Last Name	* Social Security # <small>* Required for lifelong learning tax credit reporting</small>	WITC Student ID#	Date of Birth <input type="checkbox"/> Age 62+

_____	_____	_____	_____
Address	City	State	Zip

_____	_____	_____	_____
Home Phone	Cell Phone	Work Phone	E-mail Address

_____	_____	_____	_____	_____	_____	_____	_____
Legal Residence of Student	School District	<input type="checkbox"/> City <input type="checkbox"/> Township <input type="checkbox"/> Village of	County	State	<input type="checkbox"/> HSED	<input type="checkbox"/> GED Test	Year Completed

_____	_____	_____	_____	_____	_____	_____
Education: Name of High School (Required if age 23 or younger)	City	State	H.S. Year Graduated	Highest Grade Completed	Year Completed	

All prospective students in good standing are admitted into the course if class space is available upon submission of this registration form. The following information is requested for state and federal reporting purposes.

Gender Male Female

Racial Identity: Check all that apply Black/African American Asian White
 Native Hawaiian/Other Pacific Islander American Indian/Alaska Native

Ethnicity: Hispanic/Latino (Cuban, Mexican, Puerto Rican, South/Central American or other Spanish culture or origin, regardless of Race)

***If an Agency or Employer has agreed to pay your tuition, complete the section below and attach written authorization.**

Employer Sponsor/Agency* _____

EMS/Fire Sponsor * _____

Class Number	Class Title	Catalog Number	Location	Start Date	Class Fee
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Payment Method:

Check or Money Order payable to WITC

Cash

Credit Card: MasterCard VISA Discover Exp. _____

Credit Card Number _____ Security Code _____

Signature _____

FOR OFFICE USE ONLY	Term _____
<input type="checkbox"/> 71 S.38 Contract # _____	
<input type="checkbox"/> 72 Employer # _____	
Course Fee \$ _____	
Other _____	
Received by _____	
Date _____	

Signature of parent or legal guardian if student is under age 16 _____