

Student Number	National ID (SS#)	Last Name	First Name	Middle Initial	Previous Last Name

Street Address	City	State	Zip Code	<input type="checkbox"/> Male	<input type="checkbox"/> Female	Check one: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Immigrant <input type="checkbox"/> Nonimmigrant

		Legal Resident of:				
Area Code	Home Telephone		County	<input type="checkbox"/> Village	<input type="checkbox"/> City	<input type="checkbox"/> Town

Area Code	Work Telephone	Area Code	Cell Phone Number	Date of Birth

Required Government Statistical Information

<input type="checkbox"/> 1. American Indian/ Alaskan Native	<input type="checkbox"/> 5. White, Not Hispanic
<input type="checkbox"/> 2. Asian	<input type="checkbox"/> 6. Native Hawaiian/ Other Pacific Islander
<input type="checkbox"/> 3. Black, Not Hispanic	<input type="checkbox"/> 9.I choose not to disclose
<input type="checkbox"/> 4. Hispanic	

Education: Name of High School	City	State	H.S. Year Graduated	Highest Grade Completed	<input type="checkbox"/> HSED _____	<input type="checkbox"/> GED® Tests _____
Disability: <input type="checkbox"/> Yes <input type="checkbox"/> No Check 'Yes' if you are self identifying a disability.					Year Completed	

Class Number	Class Title	Catalog Number	Start Date	Class Fee

**For registration information,
call (920) 498-5444.**

**Out-of-state
residents may
be responsible
for additional fees.**

I certify that the information on this form is true to the best of my knowledge.

Signature (required) _____ **Date** _____

The College reserves the right to cancel classes in the event of insufficient enrollments. If a class cancels, you will be notified prior to the starting date.