



800 Main Street, Pewaukee, WI 53072

# REGISTRATION FORM

\_\_\_\_\_  
Staff initials/Date

**The following information is requested for state and federal reporting purposes. Accurate data enables WCTC to obtain state and federal funding that reduces the cost of education. Data also helps to improve our service to students. Your social security number and date of birth are necessary to maintain an accurate student record in your name.**

|                                  |  |  |  |
|----------------------------------|--|--|--|
| Social Security Number           | WCTC ID Number   | Summer 200 _____<br>Spring 200 _____<br>Fall 200 _____ | Today's Date                                     |
| Last Name                        | First Name   | Middle Name  |  |
| <b>ACTION</b><br>(circle action) | <b>CRN</b>   | <b>COURSE NUMBER/TITLE</b>                             | <b>ASSOCIATE DEAN SIGNATURE</b><br>(if required) |
| Add / Drop _____                 | _____  | _____  | _____  |
| Add / Drop _____                 | _____  | _____  | _____  |
| Add / Drop _____                 | _____  | _____  | _____  |
| Add / Drop _____                 | _____  | _____  | _____  |
| Add / Drop _____                 | _____  | _____  | _____  |
| Add / Drop _____                 | _____  | _____  | _____  |
| <input type="checkbox"/>         | <b>Check box if you are withdrawing from all courses</b> |  |  |

\_\_\_\_\_  
Student Signature/Date

If dropping classes: Have you applied for or received Financial Aid, Veteran's or other Military Based Benefits: No \_\_\_\_ Yes \_\_\_\_  
 If yes, did you attend any classes? No \_\_\_\_ Yes \_\_\_\_ Last day of attendance: \_\_\_\_\_  
 Note: Before dropping classes, you should contact the Financial Aid Office to determine the impact of your decision.

Name: \_\_\_\_\_

|  |  |   |   |
|--|--|---|---|
| Home Address   | City   | State   | Zip Code  |
| <b>Mailing Address (If different than home.) All current and future mail will go to this address</b>   |  |   |   |
| Address  | City   | State   | Zip Code  |
| Village <input type="checkbox"/><br>City <input type="checkbox"/> of _____ County _____<br>Township <input type="checkbox"/>   |  |   |   |
| <b>PREFERRED CONTACT NUMBERS:</b><br>_____ Home<br>_____ Cell<br>_____ Work<br><br><b>Circle Primary Contact Number</b>  | <b><u>BIRTHDATE:</u></b><br>____/____/____<br><br><b>GENDER:</b> <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female   | <b>ETHNIC</b><br><input type="checkbox"/> 1 American Indian or Alaskan Native <input type="checkbox"/> 3 Black<br><input type="checkbox"/> 2 Asian <input type="checkbox"/> 4 Hispanic<br><input type="checkbox"/> 2A Cambodian <input type="checkbox"/> 5 White<br><input type="checkbox"/> 2C Vietnamese <input type="checkbox"/> 6 Native Hawaiian<br>Pacific Islander |   |
| Did you graduate from High School? <input type="checkbox"/> Yes, In Year _____ <input type="checkbox"/> No<br>If no, did you earn an HSED? <input type="checkbox"/> Yes, In Year _____ <input type="checkbox"/> No<br>or GED? <input type="checkbox"/> Yes, In Year _____ <input type="checkbox"/> No<br>High School Attended _____<br><br>City _____ State _____<br><br>If currently in High School, anticipated year of graduation _____ | <b>Highest Grade Completed:</b><br><input type="checkbox"/> Did not attend <input type="checkbox"/> 1 <sup>st</sup> grade <input type="checkbox"/> 2 <sup>nd</sup> grade <input type="checkbox"/> 3 <sup>rd</sup> grade <input type="checkbox"/> 4 <sup>th</sup> grade<br><input type="checkbox"/> 5 <sup>th</sup> grade <input type="checkbox"/> 6 <sup>th</sup> grade <input type="checkbox"/> 7 <sup>th</sup> grade <input type="checkbox"/> 8 <sup>th</sup> grade <input type="checkbox"/> 9 <sup>th</sup> grade<br><input type="checkbox"/> 10 <sup>th</sup> grade <input type="checkbox"/> 11 <sup>th</sup> grade <input type="checkbox"/> 12 <sup>th</sup> grade <input type="checkbox"/> 13 <sup>th</sup> grade <input type="checkbox"/> 14 <sup>th</sup> grade<br><input type="checkbox"/> 15 <sup>th</sup> grade <input type="checkbox"/> 16 <sup>th</sup> grade <input type="checkbox"/> 17 <sup>th</sup> grade & higher<br><input type="checkbox"/> 95 HSED <input type="checkbox"/> 97 GED <input type="checkbox"/> 98 Foreign country educated |   |   |
| <b><u>WORK STATUS AT ENROLLMENT</u></b><br><input type="checkbox"/> 01. Employed Full-time <input type="checkbox"/> 04. Unemployed Seeking Employment<br><input type="checkbox"/> 02. Employed Part-time <input type="checkbox"/> 05. Not in Labor Market<br><input type="checkbox"/> 03. Under-employed <input type="checkbox"/> 06. Dislocated Worker  | <b><u>DISABILITY</u></b><br>Diagnosed physical or learning limitation<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b><u>SINGLE PARENT</u></b><br>Single with custodial children under 18 years<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| <b><u>DISPLACED HOMEMAKER</u></b><br>Lost family support, unemployed & re-entering labor force<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No   | <b><u>IS ENGLISH YOUR SECOND LANGUAGE</u></b><br><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b><u>ECONOMICALLY DISADVANTAGED</u></b><br>Receiving Pell, WIA, DVR or W-2 Assistance or income poverty level<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No  | <b><u>ACADEMICALLY DISADVANTAGED</u></b><br>GPA at or below 1.5<br><br><input type="checkbox"/> Yes <input type="checkbox"/> No |

NOTICE TO APPLICANT: Services, financial aid, and other benefits of the Wisconsin Technical College System are provided on a non-discriminatory basis, as required by the Civil Rights Act of 1964. Individuals applying for or receiving assistance through this agency, who believe that discrimination on the grounds of race, color, or national origin is being practiced by the Wisconsin Technical College System, may file a written complaint with the State Agency, the Federal Agency, or both. Any written complaint is to be signed by the complainant, shall give in detail the time, place, pertinent facts and circumstances of the alleged discrimination and shall be submitted to the State Director, Wisconsin Technical College System, 310 Price Place, P.O. Box 7874, Madison, WI 53707-7874.