

## **REGISTRATION FORM**

For Continuing Education (non-credit) Courses

Home address  City  State    P	Last Name		First Name	M.I. Forn	ner Last Name (if applicable)		Date of Birth
Home address  Cliy  State  ZiP  Highest grade COMPLETED (K-12)  Recident of (check one):   Township   Village   City  County  School District where you live  Last high school attended  COMPLETED (K-12)  Recident of (check one):   Township   Village   City  County  School District where you live  Last high school attended  COMPLETED (K-12)  Recident of (check one):   Township   Village   City  Recident one):   Township   Village   City  Recident of (check one):   Township   Village   City  Recident one):   Township   Village   Ci	Student ID No.			ride Social Security No.	l I've taken classes at Northwood Technical Col	lege and/or WITC in	the past.
Resident of (check one):	Email address (req	uired as email is primary met	thod of communication I	oy the college)	Home phone Cel	l phone	
Resident of kheck one;   Township   O'llage   Dicity   County   School District where you live   Last high school attended   The following information is required for state and federal reporting purposes and will be kept confidential.  Gender:   Make   Difermale   Ethnicity: Hispanic/Latino origin?   D'ks   DNO  Race (check all that apply);   American Indian/Alasia Native   Asian   BiadviAfrican American   Native Hawaiian/Other Padific Islander   White	Home address			City	State	Highest gra	
Care   Male   Female   Ethnicity: Hispanic/Lafino origin?   Pres   No   No   No   No   No   No   No   N	Resident of (check	one): DTownship DVilla	ige □City Cou	unty School District w	here you live Last high school attend		D (K-12)
Association	The following info	rmation is required for state	and federal reporting p	rposes and will be kept conf	; idential.		
Race (check all that apply):	Gender: □Male	□Female Ethnicity	: Hispanic/Latino origin	? □Yes □No			
Highst Credential Earned    Do Credential   Some college credit   2yr Diploma   Baccalaureate   Student Degree   More than Baccalaureate   Date registration entered   Date registration   Date re	Race (check all tha	/ American Indian: 🗖 American	Alaska Native  Asian [	☐ Black/African American ☐ N	Native Hawaiian/Other Pacific Islander	OFFICE	USE ONLY
GeC   Gredential   Some college credit   2 yr Diploms   Baccalaureate   Security College   Short-term diploma   Associate Degree   More than Baccalaureate   Sudent Declined/Unknown   Short-term diploma   Associate Degree   More than Baccalaureate   Student Declined/Unknown   State   February   Short-term diploma   Short-term diploma   Associate Degree   More than Baccalaureate   Student Declined/Unknown   State   February   Short-term diploma   Student Declined/Unknown   State   Student Declined/Unknown   State   Student Declined/Unknown   State   Student State   St						Term	
High School Diploma	□ No Credential □ Some □ GED □ Short		t-term diploma		☐ More than Baccalaureate	Received by  Date registration entered	
CLASS NO. CATALOG NO. CLASS TITLE LOCATION START DATE CLASS FEE 65740 47504502 Instr Training Defensive Tactics Northwood Tech Rice Lake Oct-Dec 2024 700.00  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.  A full detailed Annual Security Report can be located at the following link: www.northwoodtech.edu/annualsecurity/report Northwood Tech is an Equal Opportunity/Access/Affirmative Action/Veterans/Diability Employee and Educator.  Traffic-Related Registration: Motorcycle, Traffic Safety, Oroup Dynamics, Multiple Offender  Driver's License Number	☐ High School I	Diploma	ploma ch to officially drop a clas	Plus Additional Cre s. If you decide to drop, you sh	dential nould do so immediately as a single		
Instr Training Defensive Tactics   Northwood Tech Rice Lake   Oct-Dec 2024   700.00		T	1	<u> </u>	T	START DATE	CLASS EEE
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PAYMENT METHOD:  Credit Card No.  (Mastercard/Visa/Discover)  Cistudent Signature  Credit Card No.  (Month/year)  Cistudent Signature							
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Name on Card Cardholder Signature			(1	Mastercard/Visa/Discover)	(month/y	ear)	
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## Northwood Technical College Formally Wisconsin Indianhead Technical College

Formally Wisconsin Indianhead Technical College
CNED AUTHORIZATION TO BILL FOR PAYMENT

Authorization:    Authorization   New Richmond Campus   1019 S Roowled Ave   1019 Roowled Roomled Roo	ase select campus location:							
Company Name   ID:	2100 Beaser Avenue       1019 S Knowles Ave         Ashland, WI 54806       New Richmond, WI 54017         715.682.4591       715.246.6561	1900 College Drive 600 N 21st St Rice Lake, WI 54868 Superior, WI 54880 715.234.7082 715.394.6677						
Student Name:   ID:   (if known)	Common Morro	will be covering the costs for the purpose selected below:						
Student Name:   ID:   (if known)	Company Name							
Student Name: ID: (if known)  Student Name: ID: (if known)  Student Name: ID: (if known)  *If needed, please add an additional page with all student names  Select Applicable Charges: Term/Semester or Class Date: (example: Fall 2021 semester)  Books (example: Fall 2021 semester)  *If only paying for a specific class, list the class name/number Class Name:  Class Number:  Authorization: I understand that this Authorization is an agreement between Northwood Tech and the company stated above. I hereby authorize Northwood Tech to bill us for all costs associated per this agreement.  Company Name Telephone  Company Address  City, State, Zip	Student Name:							
Student Name:    ID:	Student Name:							
Student Name:  "If needed, please add an additional page with all student names  Select Applicable Charges:  Tuition (example: Fall 2021 semester)  Books fif only paying for a specific class, list the class name/number  Class Name:  Class Number:  Authorization: I understand that this Authorization is an agreement between Northwood Tech and the company stated above. I hereby authorize Northwood Tech to bill us for all costs associated per this agreement.  Company Name Telephone  Company Address  City, State, Zip	Student Name:							
*If needed, please add an additional page with all student names    Select Applicable Charges:	Student Name:	ID:						
Tuition (example: Fall 2021 semester)  Books 'If only paying for a specific class, list the class name/number Class Name:  Class Number:  Authorization: I understand that this Authorization is an agreement between Northwood Tech and the company stated above. I hereby authorize Northwood Tech to bill us for all costs associated per this agreement.  Company Name Telephone  Company Address City, State, Zip	*If needed, please add an additional page with all student names	(if known)						
Books   "If only paying for a specific class, list the class name/number Class Name:    Misc Fees	_							
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	Company Address	City, State, Zip						
Printed Authorized Name Authorized Title	Contact Email Address							
	Printed Authorized Name	Authorized Title						
Authorized Signature Date Signed	Authorized Signature	Date Signed						