



# REGISTRATION FORM

For Continuing Education (non-credit) Courses

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_ Former Last Name (if applicable) \_\_\_\_\_ Date of Birth \_\_\_\_\_  
 Student ID No. \_\_\_\_\_  I've taken classes at Northwood Technical College and/or WITC in the past.  
No student ID, or don't remember? Provide Social Security No.  
 \*Why do we ask for SSN? NorthwoodTech.edu/SSN

Email address (required as email is primary method of communication by the college) \_\_\_\_\_ Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Home address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_  
 Resident of (check one):  Township  Village  City \_\_\_\_\_ County \_\_\_\_\_ School District where you live \_\_\_\_\_ Last high school attended \_\_\_\_\_  
 Highest grade COMPLETED (K-12) \_\_\_\_\_

The following information 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**

No Credential       Some college credit       2yr Diploma       Baccalaureate  
 GED       Short-term diploma       Associate Degree       More than Baccalaureate  
 HSED      or certificate       Associate Degree       Student Declined/Unknown  
 High School Diploma       1yr Diploma      Plus Additional Credential

**OFFICE USE ONLY**

Term \_\_\_\_\_

Received by \_\_\_\_\_

Date registration entered \_\_\_\_\_

**It is your responsibility to contact Northwood Tech 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 Northwood Tech prior to the first scheduled class meeting.

| CLASS NO.   | CATALOG NO. | CLASS TITLE           | LOCATION          | START DATE | CLASS FEE          |
|---|-------------|-----------------------|-------------------|------------|--------------------|
| 26283   | 47504437    | Patrol Rifle Operator | RLPD Firing Range | 05/20/2025 | 75.00              |
|   |             |                       |                   |            |                    |
|   |             |                       |                   |            |                    |
|   |             |                       |                   |            |                    |
|   |             |                       |                   |            |                    |
|   |             |                       |                   |            |                    |
| Once registered for a course(s), you have created a liability with Northwood Tech and a promise to pay. |             |                       |                   |            | <b>TOTAL 75.00</b> |

A full detailed Annual Security Report can be located at the following link: [www.northwoodtech.edu/annualsecurityreport](http://www.northwoodtech.edu/annualsecurityreport)  
 Northwood Tech is an Equal Opportunity/Access/Affirmative Action/Veterans/Disability Employer and Educator.

**Traffic-Related Registration:** Motorcycle, Traffic Safety, Group Dynamics, Multiple Offender

Driver's License Number \_\_\_\_\_ Assessment Agency and Date \_\_\_\_\_

**Youth Registration:** With parent/guardian approval, Northwood Tech courses are open to students age 16 or younger when the course meets outside student's normal school hours. Some courses may have minimum age prerequisites.

Parent/Legal Guardian name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(please print)

**Agency Bill/Sponsored Registration:** If an agency or employer has agreed to pay your tuition, provide organization name, signature and attach written authorization.

Name of Business/Agency or EMS/Fire Sponsor: \_\_\_\_\_

I authorize Northwood Tech to forward information regarding the completion of this course to the sponsor listed on the line above. \_\_\_\_\_  
Student Signature 08.10.21

**PAYMENT METHOD:**  Check/money order payable to Northwood Technical College CK # \_\_\_\_\_  Cash  
 Agency bill (complete section above)  
 Credit Card No. \_\_\_\_\_ Exp. Date \_\_\_\_\_ Security Code \_\_\_\_\_  
(Mastercard/Visa/Discover) (month/year)  
 Name on Card \_\_\_\_\_ Cardholder Signature \_\_\_\_\_



**Northwood Technical College**  
 Formally Wisconsin Indianhead Technical College  
**CNED AUTHORIZATION TO BILL FOR PAYMENT**

**Please select campus location:**

|  |  |  |   |                                 |
|--|--|--|---|---------------------------------|
| <input type="checkbox"/> Ashland Campus<br>2100 Beaser Avenue<br>Ashland, WI 54806<br>715.682.4591 | <input type="checkbox"/> New Richmond Campus<br>1019 S Knowles Ave<br>New Richmond, WI 54017<br>715.246.6561 | <input type="checkbox"/> Rice Lake Campus<br>1900 College Drive<br>Rice Lake, WI 54868<br>715.234.7082 | <input type="checkbox"/> Superior Campus<br>600 N 21st St<br>Superior, WI 54880<br>715.394.6677 | <input type="checkbox"/> Online |
|--|--|--|---|---------------------------------|

**All Authorizations emailed to: [authorization\\_pay@northwoodtech.edu](mailto:authorization_pay@northwoodtech.edu)**

\_\_\_\_\_ will be covering the costs for the purpose selected below:

Company Name

Student Name: \_\_\_\_\_ ID: \_\_\_\_\_  
(if known)

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:

Tuition

Books

Misc Fees

Term/Semester or Class Date: \_\_\_\_\_  
(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

\_\_\_\_\_  
Contact Email Address

\_\_\_\_\_  
Printed Authorized Name

\_\_\_\_\_  
Authorized Title

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date Signed