

## **REGISTRATION FORM**

For Continuing Education (non-credit) Courses

Last Name		First Name	M.I. F	Former Last Name (if applicable)			Date of Birth	
		udent ID, or don't remember? Provide Social Security No. do we ask for SSN? NorthwoodTech.edu/SSN		$\hfill \square$ I've taken classes at Northwood Technical College and/or WITC in the past.			he past.	
Email address (required as email is primary method of commu			by the college)	Home phone	Cel	Cell phone		
Home address			City		State ZIP Highest grade COMPLETED (K-12)			
Resident of (check	one): □Township □Villa	ige □City Co	ounty School Distric	t where you live Last	high school attend	<del></del>	D (K-12)	
The following info	mation is required for state	and federal reporting p	ourposes and will be kept o	onfidential.				
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 for the state of					Islander 🗆 White		USE ONLY	
Highest Credential Earned						Term Received by		
☐ GED ☐ Short-		e college credit				Date registration entered		
	lity to contact Northwood Te	ch to officially drop a cla		Credential u should do so immediately as a ne first scheduled class meeting.				
CLASS NO.	CATALOG NO.	CL	ASS TITLE	LOCATIO	ON .	START DATE	CLASS FEE	
26279	47504416	DOJ Instrc. S	cenario Instructo	r Northwood R	ice Lake	Feb 24-25	150.00	
202.0						1 00 2 1 20		
Once registered for a course(s), you have created a liability with No			hwood Tech and a promise to pay.			TOTAL \$150.00		
	Security Report can be located at Equal Opportunity/Access/Affirm			report				
	egistration: Motorcycle,			nder				
Driver's License Nu	ımber		Assessment Ager	cv and Date				
Youth Registration			•	nts age 16 or younger when the	e course meets outs	side student's normal	school hours. Some	
Parent/Legal Guardian name: Signature: Date:								
Agency Bill/Sponso	(plea red Registration: If an agency	ise print) or employer has agreed	to pay your tuition, provide o	ganization name, signature and a	attach written authoriz	ration.		
Name of Business/	Agency or EMS/Fire Sponso	r:						
I authorize Northw	ood Tech to forward informa	ation regarding the cor	mpletion of this course to th	e sponsor listed on the line ab	ove	Student Signature	08.10.21	
							00.13.11	
PAYMENT METH		□ Check/money order payable to Northwood Technical College CK # □ Cash □ Agency bill (complete section above						
	☐ Credit Card No.	☐ Credit Card No Exp. Date (Mastercard/Visa/Discover) (month/yea					Security Code	
		(Mastercard/Visa/Discover) (month/yea						
Name on Card _			Cardholde	Signature				
•								