



\*REQUIRED

# 2013-2014 Academic Year Registration Form

PLEASE PRINT		SOCIAL SECURITY NUMBER		CHECK ONE	MALE	FEMALE	*DATE OF BIRTH	MO	DAY	YR				
		—	—		<input type="checkbox"/> 1.	<input type="checkbox"/> 2.								
*LAST NAME			*FIRST NAME			M.I.	SCHOOL NAME							
*MAILING ADDRESS			FORMER NAME											
*CITY			*STATE		*ZIP CODE		STATE		YEAR OF HIGH SCHOOL GRADUATION		HIGHEST GRADE OF SCHOOL COMPLETED			
RESIDENT OF 			<input type="checkbox"/> CITY	<input type="checkbox"/> VILLAGE	<input type="checkbox"/> TOWNSHIP	RESIDENT OF		CELL PHONE		HOME PHONE				
OF						COUNTY		( ) -		( ) -				
THE FOLLOWING INFORMATION IS REQUIRED BY THE FEDERAL GOVERNMENT FOR STATISTICAL PURPOSES										EMAIL ADDRESS				
1. ARE YOU HISPANIC OR LATINO?		<input type="checkbox"/> YES	2. SELECT ANY OTHER GROUP OR GROUPS THAT APPLY TO YOU. (SELECT ALL THAT APPLY)			<input type="checkbox"/> AMERICAN INDIAN OR ALASKA NATIVE			<input type="checkbox"/> BLACK OR AFRICAN-AMERICAN					
		<input type="checkbox"/> NO				<input type="checkbox"/> ASIAN			<input type="checkbox"/> WHITE			<input type="checkbox"/> NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER		
THIS INFORMATION IS REQUIRED BY THE STATE OR FEDERAL GOVERNMENT FOR STATISTICAL PURPOSES														
WORK STATUS AT ENROLLMENT 		<input type="checkbox"/> 1. EMPLOYED FULL-TIME		<input type="checkbox"/> 2. EMPLOYED PART-TIME		<input type="checkbox"/> 3. UNDER-EMPLOYED		IF YOU ARE OF HIGH SCHOOL AGE, PLEASE COMPLETE THE FOLLOWING						
		<input type="checkbox"/> 4. UNEMPLOYED AND SEEKING EMPLOYMENT		<input type="checkbox"/> 5. NOT IN LABOR MARKET		<input type="checkbox"/> 6. DISLOCATED WORKER								
ARE YOU A SINGLE PARENT?		1. <input type="checkbox"/> YES		2. <input type="checkbox"/> NO		ARE YOU A DISPLACED HOMEMAKER?		1. <input type="checkbox"/> YES		2. <input type="checkbox"/> NO				
ARE YOU ECONOMICALLY DISADVANTAGED?		1. <input type="checkbox"/> YES		2. <input type="checkbox"/> NO		ANY INDIVIDUAL OR MEMBER OF A FAMILY WHO RECEIVES TANF, FOOD STAMPS OR WHOSE INCOME IS AT OR BELOW THE POVERTY LEVEL AS DEFINED BY THE DEPARTMENT OF COMMERCE:		NUMBER IN FAMILY		1 2 3 4 5 6 7 8* *ADD \$4,020 EACH ADD'L FAMILY MEMBER				
								INCOME		\$11,490 \$15,510 \$19,530 \$23,550 \$27,570 \$31,590 \$35,610 \$39,630				
STUDENT START DATE		CLASS NUMBER		CLASS NAME		TIME		INSTRUCTOR		FEE				
STUDENT ID				STUDENT SIGNATURE		