

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.

Social Security Number	WCTC ID Number	Summer 20_____ Fall 20_____ Spring 20_____	Today's Date
Last Name		First Name	Middle Name
			Former Name
Home Address		City	State Zip Code
Mailing Address (If different than home.) All current and future mail will go to this address			
Address		City	State Zip Code
<input type="checkbox"/> Village <input type="checkbox"/> City <input type="checkbox"/> Township of _____ County _____ <input type="checkbox"/>			
PREFERRED CONTACT NUMBERS: (_____) _____ Home (_____) _____ Cell (_____) _____ Work Circle Primary Contact Number	<u>BIRTHDATE:</u> ____/____/____ GENDER: <input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	ETHNICITY <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino RACE (Check all that apply) <input type="checkbox"/> 001 American Indian or Alaskan Native <input type="checkbox"/> 002 Asian <input type="checkbox"/> 02A Cambodian <input type="checkbox"/> 02B Laotian <input type="checkbox"/> 02C Vietnamese <input type="checkbox"/> 003 Black or African American <input type="checkbox"/> 004 Native Hawaiian and Other Pacific Islander <input type="checkbox"/> 005 White	
ACTION (circle action)	CRN	COURSE NUMBER/TITLE	ASSOCIATE DEAN SIGNATURE and DATE (if required)
Add / Drop	_____	_____	_____
Add / Drop	_____	_____	_____
Add / Drop	_____	_____	_____
Add / Drop	_____	_____	_____
Add / Drop	_____	_____	_____
Add / Drop	_____	_____	_____
Add / Drop	_____	_____	_____
<input type="checkbox"/> Check box if you are withdrawing from all courses			

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.

 Student Signature/Date



WAUKESHA
 COUNTY TECHNICAL
 COLLEGE

Name: _____

<p><u>HIGHEST GRADE COMPLETED</u></p> <p><input type="checkbox"/>96 Above 12th grade <input type="checkbox"/>12th grade <input type="checkbox"/>11th grade <input type="checkbox"/>10th grade <input type="checkbox"/>9th grade <input type="checkbox"/>8th grade</p> <p><input type="checkbox"/>98 Foreign country educated</p> <p>Name of Last High School _____ Year of graduation _____</p> <p>City _____ State _____</p> <p>Type of Diploma <input type="checkbox"/>High School <input type="checkbox"/>GED <input type="checkbox"/>HSED</p>	
<p><u>HIGHEST CREDENTIAL RECEIVED</u></p> <p><input type="checkbox"/>01 No Credential (no GED or higher) <input type="checkbox"/>01 Currently in High School <input type="checkbox"/>02 GED</p> <p><input type="checkbox"/>03 HSED <input type="checkbox"/>04 High School Diploma <input type="checkbox"/>05 Some College</p> <p><input type="checkbox"/>06 Short-Term Diploma <input type="checkbox"/>07 1 Year Diploma <input type="checkbox"/>08 2 Year Diploma (including Apprenticeship)</p> <p><input type="checkbox"/>09 Associate Degree <input type="checkbox"/>11 Baccalaureate <input type="checkbox"/>12 More than Baccalaureate</p>	
<p><u>WORK STATUS AT ENROLLMENT</u></p> <p><input type="checkbox"/>01. Employed Fulltime <input type="checkbox"/> 04. Unemployed Seeking Employment</p> <p><input type="checkbox"/>02. Employed Parttime <input type="checkbox"/> 05. Not in Labor Market</p> <p><input type="checkbox"/>03. Underemployed <input type="checkbox"/> 06. Dislocated Worker</p>	
<p><u>DISABILITY</u></p> <p>Diagnosed physical or learning limitation</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>SINGLE PARENT</u></p> <p>Single with custodial children under 18 years</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>DISPLACED HOMEMAKER</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> No work outside home/no gainful employment</p> <p><input type="checkbox"/> Not eligible for public assistance</p> <p><input type="checkbox"/> Lost income due to death, divorce or separation</p> <p><input type="checkbox"/> Within 2 yrs. of losing support for minor children</p>	<p><u>IS ENGLISH YOUR SECOND LANGUAGE</u></p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p><u>ECONOMICALLY DISADVANTAGED</u></p> <p>Receiving Pell, WIA, DVR or W-2 Assistance or income below poverty level</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>	<p><u>ACADEMICALLY DISADVANTAGED</u></p> <p>GPA at or below 1.5</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

TRAFFIC CLASSES ONLY

CLEARLY Print Name As It Appears on Driver's License

CLEARLY Print Your Driver's License Number

Please Check One:

() Voluntary Enrollment

() Ordered by Judge _____ of
the _____ Court of _____