



\*0300401\*



# Registration Form

**For office use only:** Year 20\_\_\_\_\_

Summer     Fall     Spring

Date Stamp: \_\_\_\_\_

- Students are encouraged to register online via WebAdvisor. Click the icon on [www.gtc.edu](http://www.gtc.edu).
- Sections which require instructor consent must be counselor or advisor approved in the computer system prior to registration.
- Please print.

### (1) Student Information

1) Student ID Number		2) Last Name		First Name		Middle Name		3) Prior or Maiden Name	
4) Mailing Address – Street Address				City		State		Zip Code	
5) Are you a legal resident of Kenosha, Racine, or Walworth County? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is the address of your legal residence?  City _____ County _____ State _____				6) Are you a U.S. Citizen or legal permanent resident?  <input type="checkbox"/> Yes <input type="checkbox"/> No		7) If you are not a U.S. citizen or legal permanent resident, are you in the U.S. on a Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No Visa type _____ Country _____			
8) E-Mail Address				9) Phone 1 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business			10) Phone 2 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business		
11) Social Security Number		12) Date of Birth (month/day/year) ____/____/____		13) Age		If you are under 21 or attending Gateway Technical College under Youth Options, a 118.15 contract or a HSED contract, the High School information on the next line is <b>required</b> .			
14) Name of high school attended				15) Check highest grade <b>completed</b> (high school/college): <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20			16) Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____		
17) Did you receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month/year _____		18) Did you receive an HSED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month/year _____		19) Are you Hispanic or Latino – that is, Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origins, regardless of race? <input type="checkbox"/> Yes <input type="checkbox"/> No					
20) Select one or more from the following that best describes your race <input type="checkbox"/> 1 American Indian or Alaskan Native <input type="checkbox"/> 2 Asian <input type="checkbox"/> 3 Black or African American <input type="checkbox"/> 4 Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 5 White								21) Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
22) What is your primary reason for enrolling at Gateway? <input type="checkbox"/> Complete an Associate Degree or Technical Diploma (DD) <input type="checkbox"/> Complete a certificate (CC)				<input type="checkbox"/> Take refresher course(s) (RC) <input type="checkbox"/> Gain computer skills (CS) <input type="checkbox"/> Improve job skills (JS)		<input type="checkbox"/> Take course(s) to transfer to another school (TR) <input type="checkbox"/> Complete AHS, GED, or HSED (HS) <input type="checkbox"/> Take course(s) for personal enrichment (PE)			
23) Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		24) Are you a displaced homemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No		25) What is your work status? <input type="checkbox"/> Employed Full Time (01) <input type="checkbox"/> Employed Part Time (02) <input type="checkbox"/> Underemployed (03) <input type="checkbox"/> Unemployed – Seeking Work (04) <input type="checkbox"/> Not in Labor Market (05) <input type="checkbox"/> Dislocated Worker (06)					

### (2) Class Selection

Class # (9 or 10 digits)	Class Title	Day & Time	Credits	Class Fee

### (3) Student Certification Statement

I hereby certify that, to the best of my knowledge, the information furnished above is true and complete without intent of evasion or misrepresentation.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_