



Registration Form



0300401

(1) Student Information (Please print) Information required for all * sections.

1) Student ID Number		2) Last Name*		First Name*		Middle Name		3) Previous Last Name	
4) Address*				City*		State*		Zip Code*	
5) Phone* <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			6) Phone 2 - Optional <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work			7) Social Security Number		8) Date of Birth*(month/day/year)	
9) Sex* <input type="checkbox"/> Male <input type="checkbox"/> Female	10) Name of high school attending or last attended* City _____ State _____				11) Did you graduate from this high school?* <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter graduation month and year Month/Year _____ If no, check highest grade completed as of today <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11				
Answer both 12 AND 13		12) 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			13) Select one or more from the following which best describes your race <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White				
14) Do you intend to transfer to another institution? <input type="checkbox"/> Yes <input type="checkbox"/> No				15) Personal email address*					
16) Check Highest Credential Earned* <input type="checkbox"/> 01 No credential <input type="checkbox"/> 01 Currently in high school <input type="checkbox"/> 02 GED Month/year completed _____ <input type="checkbox"/> 03 HSED Month/year completed _____ <input type="checkbox"/> 04 High School Diploma <input type="checkbox"/> 05 Some College <input type="checkbox"/> 06 Short-Term Diploma (less than one year)						<input type="checkbox"/> 07 1 Year Diploma <input type="checkbox"/> 08 2 Year Diploma (including Apprenticeship) <input type="checkbox"/> 09 Associate Degree <input type="checkbox"/> 10 Associate Degree plus additional credits <input type="checkbox"/> 11 Baccalaureate <input type="checkbox"/> 12 More than Baccalaureate		17) What is your current 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)	
18) Are you a single parent?*		19) Are you a displaced homemaker?*		20) Are you homeless?*		21) Are you between the ages of 16 and 24 and have a parent on active duty in the armed forces?*			
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No			
22) Are you a fostercare youth aged 16-24?*		23) Are you (or your household) unable to pay for one or more basic living needs?*		24) Select highest degree earned by either parent*					
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> None <input type="checkbox"/> GED <input type="checkbox"/> High School <input type="checkbox"/> Vocational Tech <input type="checkbox"/> Some College <input type="checkbox"/> Associates Degree <input type="checkbox"/> Bachelors Degree <input type="checkbox"/> Some Graduate School <input type="checkbox"/> Masters or Professional <input type="checkbox"/> Doctoral Degree <input type="checkbox"/> Unknown					

(2) Class Selection

Class # (10 or 11 digits) E.g 801-136-1R11 OR 503-801B-3Z11	Class Title	Day(s) & Time	Credits

(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. I agree to the terms of the Student Responsibility Agreement, available at gtc.edu/student-responsibility-agreement or in print, by request.

Student Signature: _____ Date: _____

An Annual Security Report which includes crime statistics, institutional policies on campus security and safety, alcohol and drug use, crime prevention, the reporting of crimes or incidents, sexual misconduct and other important matters is available at gtc.edu/annual-security-report. Email compliance@gtc.edu or call 262-564-3062 to request a hard copy of the report.