



# Registration Form



## (1) Student Information

1) Student ID Number		2) Last Name		First Name	Middle Name	3) Previous Last Name	
4) Mailing Address – Street Address				City	State	Zip Code	
5) Are you a legal resident of Wisconsin? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, enter legal residence: City _____ County _____ State _____				6) Are you in the U.S. on a visa? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, enter visa information: Visa type _____ Country _____			
7) Phone <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		8) Phone 2 - Optional <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		9) Social Security Number		10) Date of Birth (month/day/year) _____/_____/_____	
11) Sex <input type="checkbox"/> Male <input type="checkbox"/> Female		If you are under 21 or attending Gateway Technical College under a Start College Now contract, a 118.15 contract or an HSED contract, the High School information in boxes 13 and 14 is <b>required</b> .				12) Are you 21 years old or under? <input type="checkbox"/> Yes <input type="checkbox"/> No	
13) Name of high school attending or last attended _____ City _____ State _____				14) 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 <b>as of today</b> <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11			
15) 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				16) 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			
17) Do you intend to transfer to another institution? <input type="checkbox"/> Yes <input type="checkbox"/> No		18) Personal email address			19) Do you know your security question and answer to access your record online? <input type="checkbox"/> Yes <input type="checkbox"/> No		
20) Check Highest Credential Earned <input type="checkbox"/> 01 No credential <input type="checkbox"/> 07 1 Year Diploma <input type="checkbox"/> 01 Currently in high school <input type="checkbox"/> 08 2 Year Diploma (including Apprenticeship) <input type="checkbox"/> 02 GED Month/year completed _____ <input type="checkbox"/> 09 Associate Degree <input type="checkbox"/> 03 HSED Month/year completed _____ <input type="checkbox"/> 10 Associate Degree plus additional credits <input type="checkbox"/> 04 High School Diploma <input type="checkbox"/> 11 Baccalaureate <input type="checkbox"/> 05 Some College <input type="checkbox"/> 12 More than Baccalaureate <input type="checkbox"/> 06 Short-Term Diploma (less than one year)				21) 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)			
22) Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		23) Are you a displaced homemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No		24) Are you homeless? <input type="checkbox"/> Yes <input type="checkbox"/> No		25) Do you have a parent on active duty in the armed forces? <input type="checkbox"/> Yes <input type="checkbox"/> No	
26) Are you a fostercare youth aged 16-24? <input type="checkbox"/> Yes <input type="checkbox"/> No		27) Select highest degree earned by either parent <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.

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

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