

2024-2025 Academic Year Registration Form

ALL FIELDS REQUIRED

PLEASE PRINT

Social Security Number: _____ Check One: ☐ Male ☐ Female Date of Birth: _____
Month Day Year

Last Name First Name M.I. Former Name

Mailing Address Apartment Number City State Zip Code

Cell Phone Home Phone Email Address

Resident of: ☐ City ☐ Village ☐ Township of _____ Resident of _____ County

High School Last Attended:

School Name City State Year of High School Graduation Highest Grade of School Completed

Highest Credential Earned: ☐ None ☐ GED/HSED ☐ High School Diploma ☐ Other: _____

THIS INFORMATION IS REQUIRED BY THE FEDERAL GOVERNMENT FOR STATISTICAL PURPOSES.

Are you Hispanic or Latino? ☐ Yes ☐ No

Select any other group ☐ American Indian or Alaska Native ☐ Asian ☐ White
or groups that apply to you: ☐ Black or African-American ☐ Native Hawaiian or Other Pacific Islander
(select all that apply)

THIS INFORMATION IS REQUIRED BY THE STATE OR FEDERAL GOVERNMENT FOR STATISTICAL PURPOSES.

Work status at enrollment: ☐ Employed Full-Time ☐ Employed Part-Time ☐ Under-Employed
☐ Unemployed and Seeking Employment ☐ Not in Labor Market ☐ Dislocated Worker

Are you a single parent? ☐ Yes ☐ No

Any disabilities? ☐ Yes ☐ No

Are you a displaced homemaker? ☐ Yes ☐ No
DEFINITION: Someone who provides unpaid services to family members in the home, is unemployed or underemployed, and is either 1) no longer supported or 2) a dependent spouse of a member of the armed forces on active duty.

Are you homeless or a migrant worker? ☐ Yes ☐ No
DEFINITION: Staff View: Currently a migrant worker or homeless? Do you lack fixed, regular, and adequate night residence, share housing with other due to loss of housing, reside in public/private locations not designed for regular sleep such as parks, cars, campgrounds?
Student View: Someone who is a migrant worker or homeless and lacks fixed, regular, adequate nighttime residence.

Are you in foster care? ☐ Yes ☐ No
DEFINITION: Age 16-24 years old and who is in or aged out of the foster care system.

Are you youth with parents in armed forces? ☐ Yes ☐ No
DEFINITION: Age 16-24 years old with a parent in armed forces or on active duty.

Are you economically disadvantaged? ☐ Yes ☐ No
DEFINITION: Any individual or member of a family who receives need-based financial assistance or whose income is at or below the poverty level as defined by the U.S. Department of Health and Human Services:

Number in Family:	1	2	3	4	5	6	7	8*
Income:	\$13,590	\$18,310	\$23,030	\$27,750	\$32,470	\$37,190	\$41,910	\$46,630

*Add \$4,720 for each additional family member

STUDENT START DATE	CLASS NUMBER	CLASS NAME	TIME	INSTRUCTOR	FEE

Student ID _____ Student Signature _____