

# 2017-2018 Academic Year Registration Form

**\*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: You have been providing unpaid service in a home and are dependent on another for support; OR you are the spouse of an active duty military personnel; OR you are the survivor of an active duty military personnel; OR you are unemployed or underemployed and experiencing difficulty with obtaining employment.

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:	\$12,060	\$16,240	\$20,420	\$24,600	\$28,780	\$32,960	\$37,140	\$41,320

\*\*\*Add \$4,180 for each additional family member

STUDENT START DATE	CLASS NUMBER	CLASS NAME	TIME	INSTRUCTOR	FEE

**Student ID** \_\_\_\_\_ **Student Signature** \_\_\_\_\_