

2018-2019 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:	\$12,140	\$16,460	\$20,780	\$25,100	\$29,420	\$33,740	\$38,060	\$42,380

***Add \$4,320 for each additional family member

STUDENT START DATE	CLASS NUMBER	CLASS NAME	TIME	INSTRUCTOR	FEE

Student ID _____ Student Signature _____