



REGISTRATION FORM

LOCATION

Register early - at least one week before classes start.

Please report to your classes at scheduled date and time. *You will NOT be notified by WITC unless your class is postponed/cancelled.* Keep a copy of your registration form or receipt for your tax records for Hope Scholarship and Lifetime Learning Credit eligibility.

My address information has changed since my last WITC registration.

Student ID (enter if known)

Social Security No. Required by IRS for Lifelong Learning tax credit reporting.

Email address (needed for important communication with all students)

Name Last First Middle

Permanent address Street or RFD box number

City State Zip code

Former last name (if applicable)

Mailing address (if different from above) Street or RFD box number

U.S. citizen Yes No Sex Male Female Date of birth ___/___/___

City State Zip code

Are you a Youth Options student? Yes No

Phone number Cell number Workphone number

Ethnic Group (check one): American Indian/Alaska Native Asian Black Hispanic Native Hawaiian/Other Pacific Island White

Employer Name

The following information is requested for state and federal reporting purposes. Accurate data enables WITC to obtain state and federal funding that reduces the cost of education. Data also helps us improve our service to students.

I am a legal resident of: Township/Village/City (circle one) County State

School District

Check here if you are a Senior Citizen (age 62 or older). If so, you only pay course material and supply fees for classes with the numbers 42 or 47 in the first field of the catalog number. Call for your exact cost. Please enter your birth date above for verification. Plan# Career#
 Check here if you are 60 or older and wish to audit courses only credit or non-credit. Call for space availability (program fee waived for Wis. residents, auditor receives no course credit).

CLASS ID	CATALOG NO.	COURSE TITLE	Delivery Method	START DATE	CR.	CR. FEE	PF CODE	TERM	
									FEE SUMMARY
									Course Fees
									Graduation
									Other
									Other
									Amount due
									Paid today
									Balance due
									Agency
TOTALS									EN. Req.#

The following information is requested for state and federal reporting purposes. Accurate data enables WITC to obtain state and federal funding that support education and service to students. Your response is appreciated.

Please complete the following for reporting purposes only.

Do you have a disability? Yes No

Single Parent (Unmarried or legally separated with custody or joint custody of one or more minor children or pregnant.)

Work status at enrollment

- 01 Employed Full-time
- 02 Employed Part-time
- 03 Under Employed
- 04 Unemployed Seeking Employment
- 05 Not in Labor Market
- 06 Dislocated Worker
- 99 Student Refused

- 01 Yes
- 02 No
- 9 Student Declined

Displaced Homemaker

If all three apply, check Yes
- worked in home for substantial number of years providing unpaid services for family
- is not gainfully employed or would have difficulty securing employment
- lost income support due to death, divorce, separation or disability of spouse, or termination from public assistance or child support will occur within two years

- 01 Yes
- 02 No
- 9 Student Declined

Economically Disadvantaged

(you or a member of your family receives TANF, food stamps, or your income is at or below the economic disadvantaged guideline)

- 01 Yes
- 02 No
- 9 Student Declined

Current program/plan

Have you attended this college before? Yes No If yes, last year attended

Last high school attended

City State

H.S. Graduate (Date) GED HSED Date completed

Circle highest grade completed: 8 9 10 11 12 13 14 15 16 over 16.

Office use only

Advisor _____ Date _____

Fees collected by _____ Date _____

I certify that the information on this application is true and complete to the best of my knowledge. With the approval of their parent or guardian, WITC courses are open to students 16 years of age or younger when the course meets outside the student's normal school hours. Some courses may have minimum age prerequisites. I authorize WITC to apply financial aid to outstanding charges. IF AGENCY OR EMPLOYER IS PAYING YOUR TUITION, ATTACH WRITTEN AUTHORIZATION TO THIS FORM.

IMPORTANT Please read the information on the reverse side before signing this registration form.

Signature of Student/Parent/Guardian _____ Date _____

PAYMENT METHOD: Check or Money Order payable to WITC Cash MasterCard VISA DISCOVER Exp. Date ___/___/___
 Agency bill - attach written authorization

Credit Card No: _____ Name on Credit card: _____ Signature of Cardholder: _____

Tuition/Fee Obligation

I. By signing this registration form I understand that I have reserved a seat in the listed class(es) and I am legally responsible for the total tuition amount due.

II. Tuition/fees are due seven calendar days prior to the start of the term.

A. I will pay by one of the following methods:

1. Check/Cash
2. Credit Card
3. Anticipated Financial Aid - If anticipated financial aid does not cover tuition fee, then see student services office for other payment agreement method.
4. Payment Plan (see student services office or go to your student portal @ MyWITC)

B. I understand if payment or arrangements are not in place I may lose my seat in class.

III. It's a student's responsibility to make sure WITC has your current mailing address. Please update information with your campus Student Service Office or in your student portal @ MyWITC. Use your WITC email address and check your email often for important college communications.