



REGISTRATION FORM

LOCATION

Register early - classes may fill

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.

Student ID (enter if known)

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

Current program/plan _____

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

Name _____
Last First Middle Initial Former last name (if applicable)

All prospective students in good standing are admitted into the courses below if space is available upon submission of this request form. 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. Your response is appreciated.

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

Ethnicity: Are you Hispanic/Latino? Yes No

Racial Identity (check all groups that apply): American Indian/Alaska Native Asian
 Black/African American Native Hawaiian/Other Pacific Islander White

Do you have a disability? Yes No **Single Parent**
(You are unmarried or legally separated with custody or joint custody of one or more minor children or pregnant.)
 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
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

My address information has changed since my last WITC registration.

Email address (needed for important communication with all students)

Permanent address _____ Street or RFD box number _____

City _____ State _____ ZIP code _____

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

City _____ State _____ ZIP code _____

Phone number _____ Cell number _____ Workphone number _____

Employer/Emergency Medical Service/Fire Department Sponsor _____

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

School District _____

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.

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 exact cost. Birth date above required for verification.

Check here if you are 60 or older and wish to audit courses only credit or noncredit. 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	FEE SUMMARY
								Course Fees
								Other
								Other
								Amount due
								Paid today
								Balance due
								Fee collected by _____
								Date _____
								Agency _____
Are you a Youth Options student? <input type="checkbox"/> Yes <input type="checkbox"/> No				TOTALS				

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: _____ - _____ - _____ - _____ Credit card: _____ Name on _____ 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.