

Continuing Education

WISCONSIN INDIANHEAD TECHNICAL COLLEGE



Fall 2017

For full course descriptions and details go to
www.witc.edu/search

Traffic Safety for Point Reduction

Approved by the Wisconsin Department of Transportation

Please forward this information to any interested parties in your community. You may contact Betty Shaffer, Traffic Safety Manager at 715.234.7082. Ext. 5223 or betty.shaffer@witc.edu with any questions or any other information.

The course consists of a minimum of 12 hours of interactive education. Students receive information about defensive driving strategies, risks and consequences of aggressive driving, safety belts and air bags, Wisconsin traffic laws and penalties, speeding and crash risk on the road. They will complete a Personal Change Plan to help modify high-risk driving behaviors. Upon successful completion of this 12 hour course, a person can have a 3 point reduction on any point total accumulated against their WI driving record, if they have not attended this course in the past 3 years. All hours of classes must be attended. This class also meets the requirements for anyone that has received a failure to yield right of way violations - 2011 Wisconsin Act 173 - 346.18.

For all sections course fee is \$67.51/\$28.40 (62 or better)

65054 WITC-Ashland
Oct 14 & 28/Sa 8:30a-3p

65055 WITC-Superior
Nov 15 -Dec 12/W 5:30p - 8:30p

65056 Rice Lake
Nov 8 & 14/WTh 6p-9p

65053 WITC-New Richmond
Dec 5 -14/TuTh 6p - 9p

It's Easy to Register!

- Online** Register and submit your credit card payment online at witc.edu/search.
- Phone** You may register by phone. Only credit card payments will be accepted.
- In Person** Please go online to witc.edu or call ahead to check business hours of your local campus. Cash, checks and credit cards are accepted.
- Mail** Mail completed registration form with payment to the appropriate campus. Your registration must be received before you begin course.
 - WITC-Ashland, 2100 Beaser Ave, Ashland. WI 54806, 715.682.4591, x3170
 - WITC-New Richmond, 1019 Knowles Ave, New Richmond, WI 54017, 715.246.6561 x4212
 - WITC-Rice Lake, 1900 College Drive, Rice Lake, WI 54868, 715.234.7082, x5045
 - WITC-Superior, 600 N. 21st Street, Superior, WI 54880, 715.394.6677 x6367



WITC is an Equal Opportunity/Access/Affirmative Action/Veterans/Disability Employer and Educator.

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WISCONSIN
INDIANHEAD
TECHNICAL
COLLEGE

REGISTRATION FORM

for Continuing Education (non-credit) Courses

WITC is an equal opportunity employer/educator.

Last Name _____ First Name _____ M.I. _____ Former Last Name (if applicable) _____ Date of Birth _____ Age 62+?

WITC Student ID No. _____ Social Security No. _____ I've taken classes at WITC in the past.

Email address (required for WITC alerts and important communication) _____ Home phone _____ Cell phone _____

Home address _____ City _____ State _____ ZIP _____

Resident of (check one): Township Village City _____ County _____ School District where you live _____ Last high school attended _____ Highest grade COMPLETED (K-12): _____

The information below is required for state and federal reporting purposes, and will be kept confidential.

Gender: Male Female **Ethnicity:** Hispanic/Latino origin? Yes No
Race (check all that apply): American Indian/Alaska Native Asian Black/African American Native Hawaiian/Other Pacific Islander White
Highest Credential Earned
 01 = No Credential 05 = Some college credit 08 = 2yr Diploma 11 = Baccalaureate
 02 = GED 06 = Short-term diploma or certificate 09 = Associate Degree 12 = More than Baccalaureate
 03 = HSED 07 = 1yr Diploma 10 = Associate Degree 99 = Student Declined/Unknown
 04 = High School Diploma Plus Additional Credential

OFFICE USE ONLY	
Term:	_____
<input type="checkbox"/> 38.14 Contract #	_____
<input type="checkbox"/> Employer #	_____
Course Fees \$	_____
Senior Fee \$	_____
Other	_____
Received By/Ext.	_____
Date/Time	_____

It is your responsibility to contact WITC to officially drop a class. If you decide to drop, you should do so immediately as a single day can affect your refund amount. A full refund will be given if you notify WITC prior to the first scheduled class meeting.

CLASS NO.	CATALOG NO.	CLASS TITLE	LOCATION	START DATE	CLASS FEE
	42812404	Traffic Safety Point Reduction			
Once registered for a course(s), you have created a liability with WITC and a promise to pay.					TOTAL

PAYMENT METHOD: Check or money order payable to WITC Cash MasterCard Visa Discover Agency Bill/Sponsored Registration - complete information below; attach required authorization

Exp. Date _____ Security Code _____
 Month / Year

Credit Card No. _____ Name on Card _____ Cardholder Signature _____

Traffic-Related Registration: Motorcycle, Traffic Safety, Group Dynamics, Multiple Offender
 Driver's License Number _____ Assessment Agency and Date _____

Youth Registration: With parent/guardian permission, students age 16 or younger can attend WITC courses scheduled outside student's normal school hours.*
 *Some courses may have minimum age prerequisites.
 Signature of Parent/Legal Guardian _____ Date _____

Sponsored Registration: If an agency or employer has agreed to pay your tuition, complete the section below and attach written authorization.
 Name of Business/Agency _____ EMS/Fire Sponsor _____
 I authorize WITC to forward information regarding the completion of this course to the sponsor listed above. _____
 Student Signature