2009-10 Registration Form

Northcentral TECHNICAL COLLEGE

Mail: 1000 W. Campus Drive, Wausau, WI 54401
Call: 715-675-3331 or 1-888-NTC-7144
Fax: 715-803-1991

Date: _____ _____ _____
Month Day Year

_____
Student ID # if known or Social Security #

_____
Social Security Number*

Name: _____
Last First M.I.

_____
Former Name

Street Address: _____

(_____)_____
Home Telephone

City/State/Zip: _____

(_____)_____
Cell / Work Phone – Circle one

I am a legal resident of:
County _____

E-mail Address: _____

In the Township / Village / or City of: (circle one)

_____

Name of K-12 school district you now reside:

Name of school district _____

City _____

Gender:
Male ___ Female ___

★ **Date of Birth:**
Month _____ Day _____ Year _____

Ethnicity*:
___ Hispanic/ Latino Origin
___ Not of Hispanic/Latino Origin

Race*:
___ Black
___ Asian
___ American Indian/Alaskan Native
___ Pacific Islander/ Native Hawaiian
___ White

Single Parent*:
___ Yes
___ No

Highest Grade Completed: (Circle one)
8 9 10 11 12 13 14 15 16 16+

High School Graduation Year: _____

HSED Completion Year: _____

GED Completion Year: _____

If still in high school, anticipated graduation year: _____

Name of high school last attended
_____

City _____ State _____

My Reason for Attending NTC: (Check only one)
___ 01 Complete one course only
___ 02 Complete a series of courses
___ 03 Attend two or more semesters
___ 04 Complete a program or certificate
___ 05 Other
___ 99 Don't Know, Uncertain

Economically Disadvantaged:
Please select "Yes" if your income is below the stated figure for your family size (number in family). (__) 1. Yes (__) 2. No

Number in Family	1	2	3	4	5	6	7	8
Annual Income	$10,830	$14,570	$18,310	$22,050	$25,790	$29,530	$33,270	$37,010

If you have more than eight (8) family members, add $3,740 for each additional household member.

Current Work Status:
___ 01 = Employed, full-time
___ 02 = Employed, part-time
___ 03 = Underemployed
___ 04 = Unemployed, seeking
___ 05 = Not in labor market
___ 06 = Dislocated worker

*This information is used for state reporting. It is confidential and voluntary. The information is requested to help obtain state and federal funding that helps offset the full cost of your education. Accurate data helps our college better identify student needs and improve our services. Though your response is optional, it is very much appreciated.

Course No.	Sect. #	Class #	Course Name	Day	Time	Start Date	Location	Fees

Total fee payment is due at the time this form is submitted. Please check one of the following payment methods:
Type of payment: ☐ Cash ☐ Check (check # _____) ☐ Credit card

MasterCard/Visa # _____-_____-_____-_____ Exp. Date _____/_____

For Office Use Only:

Money received by _____ Date _____
Computer input by _____ Date _____

Misc. Charges	
Books	
TOTAL	