

# REGISTRATION FORM

|   |   |  |                                    |   |
|---|---|--|------------------------------------|---|
| <b>SECTION ONE - REQUIRED</b>   | Last Name _____ Prior Last Name _____ First Name _____ Middle Name _____  |  |                                    |   |
|   | Mailing Address _____   |  |                                    |   |
|   | City _____  |  | State _____                        | Zip _____   |
|   | Phone Number _____  |  | SS# _____ OR Student ID: @00 _____ | (Social Security Number *first-time student only) (Required if SS# is not provided) |
| <p><b>*NOTE: Your Social Security Number is kept secure and not shared with any other parties.</b></p> <p>Have you attended CVTC at any of our locations before? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If you answered "No", complete Section 2 and 3. If you answered "Yes", you may skip to Section 3.</p>  |   |  |                                    |   |
| <b>SECTION TWO</b>  | Sex: <input type="checkbox"/> M <input type="checkbox"/> F      U.S. Citizen: <input type="checkbox"/> Yes <input type="checkbox"/> No      DOB: _____  |  |                                    |   |
|   | <input type="checkbox"/> City <input type="checkbox"/> Village <input type="checkbox"/> Township _____ County you reside in: _____<br><input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> HSED Date Completed: _____                             |  |                                    |   |
| Last High School Attended _____   |   | High School City _____                     | State _____                        | Zip _____   |
| <b>SECTION THREE</b>  | Course Title  | Nine-Digit Course Number or CRN (Required) | Course Cost                        | Start Date  |
|   | Basic Hydraulics  | 80127                                      | \$264                              | 9/7/2010  |
|   |   |  |                                    |   |
|   |   |  |                                    |   |
|   |   |  |                                    |   |
|   |   |  |                                    |   |
| <p><b>NOTE: We require either the CRN or the complete nine-digit course number.</b></p> <p>Payment Options: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Authorization Attached <input type="checkbox"/> Other _____</p> <p>Credit/Debit Card No.: ____/____/____/____</p> <p>Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover      Expiration Date: ____/____</p> |   |  |                                    |   |
| <b>OPTIONAL</b>   | <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White, Not of Hispanic Origin <input type="checkbox"/> Other |  |                                    |   |
|   | Employer Information (to contact during work hours):  |  |                                    |   |
|   | Employer Name: _____  |  | Employer Phone No.: _____          |   |
| Employer Address: _____   |   | Date: _____                                |                                    |   |

Signature: \_\_\_\_\_ Date: \_\_\_\_\_