

REGISTRATION FORM

SECTION ONE - REQUIRED	<table style="width: 100%; border: none;"> <tr> <td style="border: none;">Last Name</td> <td style="border: none;">Prior Last Name</td> <td style="border: none;">First Name</td> <td style="border: none;">Middle Name</td> </tr> </table>				Last Name	Prior Last Name	First Name	Middle Name
	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>*NOTE: Your Social Security Number is kept secure and not shared with any other parties.</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>								
SECTION TWO	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: _____							
	<input type="checkbox"/> HS Graduate <input type="checkbox"/> GED <input type="checkbox"/> HSED Date Completed: _____							
Last High School Attended		High School City	State	Zip				
SECTION THREE	Course Title		Nine-Digit Course Number or CRN (Required)	Course Cost	Start Date			
	Welding 1		80082	\$112.61	9-15-09			
NOTE: We require either the CRN or the complete nine-digit course number.								
Payment Options: <input type="checkbox"/> Cash <input type="checkbox"/> Check <input type="checkbox"/> Authorization Attached <input type="checkbox"/> Other _____								
Credit/Debit Card No.: ____/____/____/____								
Card Type: <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard <input type="checkbox"/> Discover Expiration Date: ____/____								
OPTIONAL	<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: _____

Mail to: Registration Office, Chippewa Valley Technical College, 620 West Clairemont Avenue, Eau Claire, WI 54701

Fax to: Registration (715-833-6470)

kf:SD:Registration Form