



# REGISTRATION FORM

<b>SECTION ONE - REQUIRED</b>	<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">Last Name</td> <td style="width: 25%; border-bottom: 1px solid black;">Prior Last Name</td> <td style="width: 25%; border-bottom: 1px solid black;">First Name</td> <td style="width: 25%; border-bottom: 1px solid black;">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								
Phone Number		Zip									
<table style="width: 100%; border: none;"> <tr> <td style="width: 25%; border-bottom: 1px solid black;">SS#</td> <td style="width: 25%; border-bottom: 1px solid black;">OR Student ID: @00</td> <td colspan="2"></td> </tr> <tr> <td style="font-size: small;">(Social Security Number *first-time student only)</td> <td style="font-size: small;">(Required if SS# is not provided)</td> <td colspan="2"></td> </tr> </table>				SS#	OR Student ID: @00			(Social Security Number *first-time student only)	(Required if SS# is not provided)		
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: _____										
	<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 Motorcycle Rider		80017		\$217.02	10-3-09					
<p><b>NOTE: We require either the CRN or the complete nine-digit course number.</b></p>											
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: ____/____											
<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: \_\_\_\_\_

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