



YOUTH REQUEST AND PARENT OR GUARDIAN PERMISSION FORM

This form must be completed and accompany a completed Registration Form for enrollment of any persons under sixteen (16) years of age in any courses at the Chippewa Valley Technical College.

Youth Request

I, \_\_\_\_\_ (Youth's Name), am requesting to enroll in \_\_\_\_\_ (Course Name), \_\_\_\_\_ (Course Number), which is scheduled to meet on \_\_\_\_\_ (Day of Week) beginning \_\_\_\_\_ (Start Date & Year), at \_\_\_\_\_ (Time) and completed \_\_\_\_\_ (End Date & Year). The campus location I wish to attend is \_\_\_\_\_.

Youth Signature \_\_\_\_\_ Date \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent or Guardian Permission

\_\_\_\_\_ (Youth's Name), my legal child or ward, has my permission to enroll in the above listed course.

This course  does  does not (Check One) meet during the normal school day (8 a.m.-3:30 p.m.) of the \_\_\_\_\_ (Name of School District) School District in which we reside.

Please indicate if your child is home-schooled.  Yes  No

- Please Note: Home-schooled children may not enroll for adult basic education or adult high school secondary level courses (Numbered 850 - -) offered at Chippewa Valley Technical College. Parents wishing to attend with the child must register and pay for the class.

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_

RETURN COMPLETED FORMS TO: Chippewa Valley Technical College Attention: Admissions 620 W. Clairemont Avenue, Eau Claire, WI 54701 Phone: 715-833-6245 Fax: 715-833-6470

**REGISTRATION FORM**

PLEASE TYPE OR PRINT IN INK (LEGAL NAME)

1. \_\_\_\_\_  
 Last Name                      First Name                      Middle Name

2. \_\_\_\_\_  
 Mailing Address                      Street or R.F.D. Box Number

3. \_\_\_\_\_  
 City                      State                      Zip Code

4. (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_      (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
 Phone Number                      Other/Work Number

5. E-mail: \_\_\_\_\_

14. Have you attended this college before?  Yes  No

If yes, last year and semester attended: \_\_\_\_\_

15. Name on education records if different than above: \_\_\_\_\_

16. Last high school attended: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_

17. Check highest grade completed:  8  9  10  11  12  13  14  15  16  over

18.  High school graduate       GED  HSED      Date completed: \_\_\_\_\_

19. This information is voluntary and confidential. Your response will not affect admission to the Technical College.  
 Ethnic Group:  American Indian/Alaskan Native  Asian  Pacific Islander  Black, not of Hispanic origin  
 Hispanic  White, not of Hispanic origin  Other

Course Number	CRN Number	Course Title	Start Date	Total Fees Due
<b>Total</b>				

Total fee payment is due at the time this form is submitted. Please check one of the following payment methods.  
 Cash       Check (Check # \_\_\_\_\_)       Other (please identify) \_\_\_\_\_  
 Discover/Mastercard/VISA # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      Exp. Date: \_\_\_\_\_ / \_\_\_\_\_  
 \*(In order to defer payment to an agency, an authorization must be on file at the Cashier's Office.)

**Employer Information:** (to contact you during working hours)

Employer: \_\_\_\_\_ Employer Phone No. \_\_\_\_\_  
 Employer Address: \_\_\_\_\_

I certify that the information on this registration form is true and complete to the best of my knowledge.  
 I understand use of this form gives me an undetermined program status.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_