



Registration Form

Mail: 1000 W. Campus Drive, Wausau, WI 54401
 Call: 715-675-3331 or 1-888-NTC-7144
 Online: www.ntc.edu/online/registration/registration_form.cfm
 Fax: 715-675-0629

Date: _____
 Month Day Year

_____ **Social Security Number (Required)**

Name: _____
 Last First M.I.

_____ **Former Name**

Home Address: _____
 Number and Street City State Zip Code

(_____) _____
Home Telephone

E-Mail Address: _____

I am a legal resident of:

County _____ Township _____
 City _____
 Village _____ of _____

Name of K-12 school district you now reside:

Name of school district _____
 City _____

Gender:
 Male _____ Female _____

Date of Birth:
 Month _____ Day _____ Year _____

Marital Status:
 Married
 Common Law Separated
 Divorced Single
 Head of Household Widowed

Ethnicity:*
 ___ 1 = Hispanic/Latino Origin
 ___ 2 = Not of Hispanic/Latino Origin

Citizenship Status:
 ___ 1 = Alien Permanent
 ___ 2 = Alien Temporary
 ___ 3 = Native
 ___ 4 = Naturalized
 ___ 5 = Not Indicated

Single Parent:* **Displaced Homemaker:***
 ___ 1 = Yes ___ 1 = Yes
 ___ 2 = No ___ 2 = No

Race:
 ___ 1 = Black
 ___ 2 = Asian
 ___ 3 = American Indian/Alaska Native
 ___ 4 = Native Hawaiian/Pacific Islander
 ___ 5 = White

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

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

High School Graduate:
 Yes No Year _____

GED:
 Yes No Year _____

Name of high school last attended _____

City _____ State _____

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

If Employed:
 Firm _____
 City _____ State _____
 Phone at Work (_____) _____

Economically Disadvantaged:*
 ___ Yes ___ No

If number in family is #	and income less than \$:
-	7 - 29,130
1 - 9,570	8 - 32,390
2 - 12,830	9 - 35,650
3 - 16,090	10 - 38,910
4 - 19,350	11 - 42,170
5 - 22,610	12 - 45,430
6 - 25,870	For each additional family member, add \$3,260.

***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 ____/____
 Or PLEASE SEND FEE BILL TO: Employer Other: _____

Misc. Charges

For Office Use Only:

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

Books

TOTAL