Basic Education Registration Worksheet 2011

Please Print

Social Security Number				Student ID Number **N**
Last Name	First		M. I.	Prior Name
Address	City	State	Zip	Legal Residence ☐City ☐Village ☐Township of _____
Area Code	Home Phone			County of _____
Date of Birth _____/_____/_____	☐Single ☐Single Parent ☐Divorced ☐Married ☐Widowed ☐Separated			Attended a MPTC campus before? ☐Yes ☐No
Currently Enrolling ☐Day ☐Evening	☐Full-time (12 credits) ☐Part-time (less than 12 credits)	E-Mail Address		Resident of which high school district?
Gender ☐Male ☐Female	Claim age 62 or older exemption? ☐Yes ☐No	U.S. Citizen? ☐Yes ☐No If no, visa status: ☐F-1 ☐S-1 ☐J-1 ☐M-1 ☐Other: _____		Resident of which Wisconsin Technical College System District? ☐ MPTC ☐ Other: _____
Has either of your parents graduated from a: Two-year college? ☐Yes ☐No Four-year college? ☐Yes ☐No				Occupation / Employer
This information is required for Federal Statistics:				Work Status ☐Full-time ☐Part -time ☐Dislocated Worker ☐Underemployed ☐Seeking Employment ☐Not in Labor Market
Are you Hispanic? ☐Yes ☐No	Ethnicity/Race (Check all that apply) ☐American Indian/Alaska Native ☐Native Hawaiian or other Pacific Islander ☐White ☐Black ☐Asian	☐Limited English		
Name of High School Attended	City	State	Graduated: Month: _____ Year: _____	Highest Grade Completed:
Name of Last School Attended Since High School	City	State	☐GED/HSED Year Completed: _____	
Signature			Date	

Course Registration

Course Title	Registered (✓)	Start Date	CRN	Subject	Course	Staff Initials	Grade	Grade Entered in Banner (✓)	Faculty Initials