



Registration Form

For office use only: Year _____
 Summer Fall Spring
 Registration Date _____
 Entered by _____

Please Print

(1) Student Information

1) Student ID Number		2) Last Name		First Name		Middle Name		3) Prior or Maiden Name	
4) Mailing Address – Street Address				City		State		Zip Code	
5) Are you a legal resident of Kenosha, Racine, or Walworth County? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, what is the address of your legal residence? City _____ County _____ State _____				6) Are you a U.S. Citizen or legal permanent resident? <input type="checkbox"/> Yes <input type="checkbox"/> No		7) If you are not a U.S. citizen or legal permanent resident, are you in the U.S. on a Visa? <input type="checkbox"/> Yes <input type="checkbox"/> No Visa type _____ Country _____			
8) E-Mail Address				9) Phone 1 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business		10) Phone 2 <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Business			
11) Social Security Number		12) Date of Birth (month/day/year) _____/_____/_____		13) Age		If you are under 21 or attending Gateway Technical College under Youth Options, a 118.15 contract or a HSED contract, the High School information on the next line is required .			
14) Name of high school attended				15) Check highest grade completed (high school/college): <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 <input type="checkbox"/> 18 <input type="checkbox"/> 19 <input type="checkbox"/> 20			16) Did you graduate from high school? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what year? _____		
17) Did you receive a GED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month/year: _____		18) Did you receive an HSED? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, month/year: _____		19) Are you Hispanic or Latino – that is, Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origins, regardless of race? <input type="checkbox"/> Yes <input type="checkbox"/> No					
20) Select one or more from the following that best describes your race <input type="checkbox"/> 1 American Indian or Alaskan Native <input type="checkbox"/> 2 Asian <input type="checkbox"/> 3 Black or African American <input type="checkbox"/> 4 Native Hawaiian or Other Pacific Islander <input type="checkbox"/> 5 White								21) Gender <input type="checkbox"/> Female <input type="checkbox"/> Male	
22) What is your primary reason for enrolling at Gateway? <input type="checkbox"/> Complete an Associate Degree or Technical Diploma (DD) <input type="checkbox"/> Complete a certificate (CC)				<input type="checkbox"/> Take refresher course(s) (RC) <input type="checkbox"/> Gain computer skills (CS) <input type="checkbox"/> Improve job skills (JS)		<input type="checkbox"/> Take course(s) to transfer to another school (TR) <input type="checkbox"/> Complete AHS, GED, or HSED (HS) <input type="checkbox"/> Take course(s) for personal enrichment (PE)			
23) Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		24) Are you a displaced homemaker? <input type="checkbox"/> Yes <input type="checkbox"/> No		25) What is your work status? <input type="checkbox"/> Employed Full Time (01) <input type="checkbox"/> Employed Part Time (02) <input type="checkbox"/> Underemployed (03) <input type="checkbox"/> Unemployed – Seeking Work (04) <input type="checkbox"/> Not in Labor Market (05) <input type="checkbox"/> Dislocated Worker (06)					

(2) Course Selection Students may register via WebAdvisor. Click the icon on www.gtc.edu. Sections which require instructor consent must be counselor or advisor approved in the computer system before you can register for them via WebAdvisor.

Class # (9 or 10 digits)	Class Title	Day & Time	Credits	Class Fee

(3) Student Certification Statement

I hereby certify that, to the best of my knowledge, the information furnished above is true and complete without intent of evasion or misrepresentation.

Student Signature: _____ Date: _____

(4) Counselor/Advisor Approval for above schedule, including any Instructor Consents or Prerequisite Waivers (Counselor/Advisor: When signing, please mark an 'X' through any unused lines in section 2 above.)

Counselor/Advisor Signature: _____ Date: _____