

REGISTRATION FORM

SECTION ONE - REQUIRED	Last Name _____ Prior Last Name _____ First Name _____ Middle Name _____			
	Mailing Address _____			Email _____
	City _____		State _____	Zip _____
	Phone Number _____		SS# _____	OR Student ID: @00 _____
	(Social Security Number *first-time student only)		(Required if SS# is not provided)	
<p>*NOTE: Your Social Security Number is kept secure and not shared with any other parties.</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>				
SECTION TWO	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 _____
SECTION THREE	Course Title _____		Nine-Digit Course Number or CRN (Required) _____	Course Cost _____
	CPAT _____		503-415-901 CRN 90547	\$100
	NOTE: We require either the CRN or the complete nine-digit course number.			
	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: ____/____ CCV Code (3 digits) _____				
OPTIONAL	<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: _____		

****FIRE DEPARTMENT** MUST BE COMPLETED****
Failure to do so may result in self billing for agency funded classes

(You must indicate your fire department if you are affiliated with one)

I understand that failure to complete a fire service course may result in personal responsibility for payment of course

Signature: _____ Date: _____

Mail to: Jackie Blum - ESEC, Chippewa Valley Technical College, 3623 Campus Road, Eau Claire, WI 54703