Class Registration

Registration
Lakeshore Technical College
1290 North Avenue
Cleveland, WI 53015
920.693.8213 or 920.693.1000
Fax 920.693.3561
1.888.GO TO LTC Ext. 1366
(1.888.468.6582 Ext. 1366)

Mail-in registrations require payment in full or signed Class Payment Agreement

Student I.D. No. (8 digits)	Last Name	First Name	Middle

Social Security No.	Former Names	Ethnic Background (check one box):	Gender:
		☐ American Indian or Alaskan Native ☐ Asian ☐ Black, not of Hispanic Origin ☐ Native Hawaiian or Other Pacific Islander ☐ Hispanic ☐ White, not of Hispanic Origin	☐ Male ☐ Female

Date of Birth Month Day Year	Cell Phone Number

Home Phone Number	E-Mail Address
( )	

Home Address (Street, P.O.)	City	State	ZIP Code

Employer Phone Number	Employer Name and Address
( )	

Place of Part-time Employment or Place Where You Volunteer Service and Address

I am a legal resident of: County ☐ Town ☐ Village ☐ City School District

The following information is for state and federal reporting and is confidential.	Work Status at Enrollment: ☐ 01 Employed, Full Time ☐ 02 Employed, Part Time ☐ 03 Underemployed ☐ 04 Unemployed, Seeking ☐ 05 Not in Labor Market ☐ 06 Dislocated Worker	Highest Grade of School Completed Single Parent ☐ 1. Yes ☐ 2. No	Displaced Homemaker ☐ 1. Yes ☐ 2. No Economically Disadvantaged ☐ 1. Yes ☐ 2. No	Disability ☐ 98. Yes ☐ 99. No Last High School Attended and State	Date You Will or Did Graduate From High School Withdrew From High School ☐ 1. Yes ☐ 2. No

U	*C*	*E*	Catalog Number	5-Digit Class Number	Class Title	*Start Date*	Credits

Amount to be paid _____

Comments: _____

_____

_____

_____

_____

_____

_____

_____ _____
Visa or MasterCard Number *Exp. Date V Code*

_____ _____
Student Signature *Date*

_____
Instructor Signature if Class Is in Session

DP31 5/24/06