REGISTRATION FORM

BLACKHAWK TECHNICAL COLLEGE
6004 S COUNTY ROAD G
P.O. BOX 5009
JANESVILLE WI 53547-5009

608 757-7661
FAX 608 743-4407
www.blackhawk.edu

PLEASE PRINT

STUDENT ID NUMBER	LAST NAME	FIRST NAME	MIDDLE

STREET ADDRESS	CITY OR TOWN	STATE	ZIP CODE

COUNTY OF RESIDENCE	□ CITY of □ VILLAGE of □ TOWNSHIP of	HOME PHONE ( )	CELL PHONE ( )

DATE OF BIRTH Month Day Year	SEX □ Female □ Male	MARITAL STATUS □ Single □ Legally Separated □ Married □ Divorced □ Separated □Widowed	WORK PHONE ( )	EMPLOYER

□ HIGH SCHOOL GRADUATE □ GED □ HSED	YEAR 19_____ 20_____	NAME OF HIGH SCHOOL	CITY AND STATE OF HIGH SCHOOL

HIGHEST GRADE COMPLETED AT ENROLLMENT

(Circle One) BELOW 6 6 7 8 9 10 11 12 13 14 15 16 17 Over 17

ETHNIC CODE Hispanic/Latino □ Yes □ No	RACE (check all that apply) □ American Indian or Alaskan Native □ Black or African American □ Asian □ Native Hawaiian or Other Pacific Islander □ White	ASIAN ORIGIN □ Vietnam □ Laos □ Cambodia □ Other_____	ECONOMICALLY DISADVANTAGED □ Yes □ No	CITIZENSHIP STATUS □ U. S. Citizen □ Foreign Student □ Immigrant/Refugee □ Eligible Legalized Alien □ Other

WORK STATUS AT ENROLLMENT	TUITION STATUS	DISPLACED HOMEMAKER STATUS
□ Employed, full time □ Employed, part time □ Not in labor market □ Dislocated Worker (laid off) □ Underemployed (over qualified for current job) □ Unemployed, seeking job	□ Wisconsin Resident □ Out-Of-State Resident □ Not A U.S. Resident	□ No work outside home/no gainful employment □ Not eligible for public assistance □ Lost income due to death, divorce or separation □ Within 2 yrs. of losing support for minor child(ren)

ARE YOU A SINGLE PARENT? □ Yes □ No	PRIMARY BTC PROGRAM	E-MAIL ADDRESS

(CRN)	COURSE NUMBERS (9)			COURSE TITLES

Student Signature Date

□ MasterCard □ Visa □ Discover Card Amount_____ Credit Card Number _____

Include 3 Digit Code in Signature Block_____ Expiration Date_____ Signatures _____

Revised 03/16/10