Workforce & Community Development

6004 S. County Rd. G., PO Box 5009, Janesville, WI 53547 ● (608) 757-7660 ● fax (608) 743-4407 ● registration@blackhawk.edu

NON-CREDIT REGISTRATION FORM

PLEASE PRINT

BTC Student Identification Number	Last Name	First Name	Middle	Previous Name

Street Address	City or Town	State	Zip Code

County of Residence	☐ City of ☐ Village of ☐ Township of	E-Mail

Company	Home Phone	Cell Phone	Work Phone

Gender Identity	Date of Birth (MM/DD/YYYY)	Race (check all that apply)	Asian Origin (check all that apply)	Hispanic/Latino
☐ Female ☐ Male ☐ Transgender		□ American Indian or Alaskan Native □ Black or African American □ Native Hawaiian or Other Pacific Islander □ Asian □ White	□ Vietnam □ Cambodia □ Laos □ Other_____	☐ Yes ☐ No

School District where you attend	Highest Grade Completed (K-12)

☐ High School Graduate ☐ GED ☐ HSED	Year 19_____ 20_____	Name of High School	City and State of High School

Highest Credential Completed at Enrollment

☐ No prior college ☐ Some college (post-secondary credit) ☐ Short-Term diploma ☐ 1-Year diploma ☐ 2-Year diploma
☐ Associate degree ☐ Associate degree plus additional credential ☐ Bachelor degree ☐ More than baccalaureate

CRN	COURSE NUMBER			COURSE TITLE

Traffic-Related Registration: Motorcycle and Traffic Safety

Driver's License Number _____

Youth Camp Registration: Please ensure this section is completed if registering your student for a youth camp.

1st Choice Camp **Camp Name** _____ **Camp Dates** _____

2nd Choice Camp (if 1st choice is full) **Camp Name** _____ **Camp Dates** _____

Signature of Parent/Legal Guardian _____ Date _____

I certify that the information on this form is true and complete to the best of my knowledge.

Student Signature **Date**

☐ Check ☐ Discover Card ☐ MasterCard ☐ Visa Amount _____ Credit Card Number _____

Include 3 Digit Code in Signature Block _____ Expiration Date _____ Cardholder's Signature _____

Blackhawk Technical College is an equal opportunity/equal access educator/employer

Updated 3/2017