Please Print

MILWAUKEE AREA TECHNICAL COLLEGE — REGISTRATION FORM

SOCIAL SECURITY NUMBER	STUDENT ID NO.	LAST NAME	FIRST NAME	MIDDLE INITIAL	FORMER NAME	DATE OF BIRTH

Mailing Address

STREET AND ADDRESS	APARTMENT NO.	CITY / TOWNSHIP / VILLAGE	STATE	ZIP CODE

TELEPHONE (HOME)	TELEPHONE (WORK)	CELL PHONE	E-MAIL ADDRESS
( ) –	( ) –	( ) –	

Permanent Address

STREET AND ADDRESS	APARTMENT NO.	CITY / TOWNSHIP / VILLAGE	STATE	ZIP CODE	FOREIGN COUNTRY

Education Background

LAST HIGH SCHOOL ATTENDED	CITY	STATE	DID YOU GRADUATE YES NO IF YES, MONTH AND YEAR , _____ IF NOT, HIGH GRADE COMPLETED AS OF TODAY _____

Ethnic Origins

Your Ethnicity:
___ Hispanic **H**
___ Not Hispanic or Lati

Your Race *(You may check one or more):*
__ American Indian I __Asian AS (__Cambodian ASCA, __Laotian ASLA, __Vietnamese ASVT, __Hmong ASHM)
__ Black/African American B __ Native Hawaiian/Pacific Islander N __ White W

Highest Grade & Highest Credential Received (chec

__ **00** Did Not Attend
__ **01** (1st Grade)
__ **02** (2nd Grade)
__ **03** (3rd Grade)
__ **04** (4th Grade)
__ **05** (5th Grade)
__ **06** (6th Grade)
__ **07** (7th Grade)
__ **08** (8th Grade)
__ **09** (9th Grade)
__ **10** (10th Grade)
__ **11** (11th Grade)
__ **98** (Foreign Education)

__ **12** (12th Grade)
__ **02** GED YR _____
__ **03** HSED YR _____
__ **04** High School Diploma
__ **98** (Above 12th grade)
__ **05** Some College
__ **06** Short-term Diploma
__ **07** 1 year Diploma
__ **08** 2 year Diploma
__ **09** Associate Degree
__ **10** Associate Degree (Plus Additional Credential)
__ **11** Baccalaureate
__ **12** More than Baccalaureate

Disability: (check one)

__ **ID** Intellectual Disability
__ **DI** Disabled (Primary Disability Not Identified)
__ **AU** Autism Spectrum Disorder
__ **BI** Traumatic Brain Injury
__ **DB** Deaf - Blind
__ **HH** Hard of Hearining
__ **LD** Specific Learning Disability
__ **MH** Multi Disabled
__ **PD** Psychological Disability
__ **MU** Speech or Language Disability
__ **OI** Orthopedic Mobility Disability
__ **OT** Other Health Impaired
__ **VI** Visual Disabiltiy

Parent Highest Educational Level (check one)

Parent 1	**Parent 2**
__ **00** None	__ **00** None
__ **01** High School Diploma	__ **01** High School Diploma
__ **02** Associate Degree	__ **02** Associate Degree
__ **03** Bachelor's Degree	__ **03** Bachelor's Degree
__ **04** Master's Degree	__ **04** Master's Degree

Work Status at Enrollment (check one):

__ **01** Employed Full Time
__ **02** Employed Part Time
__ **03** Underemployed
__ **04** Unemployed, Seeking
__ **05** Not in Labor Market
__ **06** Dislocated Worker

Gender (Please check one): ___
Male ___ Female

Single Parent: (check one) You are unmarried or legally separated, and you have custody of one or more minor children or you are pregnant.
___ Yes ___ No

Displaced Homemaker: (check one)
• You are an adult and have worked at home without pay to care for your family and you are no longer supported by a relative's income, OR • Your youngest dependent child will become ineligible for TANF (AFDC) assistance within two years, and you are unemployed or underemployed. ___ Yes ___ No

I am a resident of: city/village/township *(circle one)*
_____
County State

Are you in the U.S. on a temporary visa? ___ Yes ___ No

If yes, please list visa type: _____

Are you a **veteran**?
__ Yes, Receiving Benefits
__ Yes, Not Receiving Benefits
__ No

Term*	Synonym No.	Subject ID	Course ID	ection N	Course Title	Location	Days	Time	Credits	$ Fee
SU2020	00126798	Diesel	400	400	CNG for Heavy Duty Application	South	MTWTHF	8-11:55 12:30-4:25	1.00	$180.80
								ID Fee		$7.00
								Admin		$7.00

* Fall = **FA**, Spring = **SP**, Summer = **SU**

Total Amount $194.80

Signature acknowledges that he/she is liable for all tuition and fees associated with course enrollment in accordance with

Signature: _____ Student Number: _____ Date: _____

MATC is an Affirmative Action/Equal Opportunity Institution and complies with all requirements of the Americans With Disabilities Act.