

## **Continuing Education Registration** PO Box 518

Rhinelander, WI 54501

Phone: 715.365.4544 or 800.544.3039 ext 4544

Fax: 715.365.4596

## **Continuing Education Registration Form**

Please Print Fields with * ar	e required for registration			
Legal First Name * MI L	ast Name *	Date of Birth *	Student ID # if kn	own or SSN
Preferred First Name	Primary Phone * Cell	Home Work Seconda	ary Phone  Cell	☐ Home ☐ Work
Email Address * (Required for	r receiving certificate of completion)	<u> </u>		
Home Mailing Address *	City *	State *	Zip Code *	
Home Residence: Township	O Village City County		nool District	
Highest Grade Completed *	High School:	Graduation Year * Las	t High School Atter	nded *
THE FOLLOWING INFORMATION IS	S FOR STATE REPORTING PURPOSES	. INFORMATION PROVIDED	WILL NOT AFFECT CO	OURSE ADMISSION.
Sex Male Fema	le Other			
Credential Earned: Sho	rt-Term Diploma 1-Year ociate Degree Associ	chool Diploma GE Diploma 2-Y ate Degree + additional c than a Baccalaureate De	ear Diploma redentials	Some college
Race Category Hisp (check one)	panic Non-Hispanic	_		
	erican Indian/Alaska Native ve Hawaiian/Other Pacific Island		African American	
Term Class Meetin	•	Delivery		Fee Senior Fee
	Safety Course CCW 025 - 04/02/2025 Wed <mark>4:30 F</mark>	Classroom <mark>M - 8:30 PM</mark> Rhinelander Fiel	dside Center 128	\$22.45 \$7.50
If participant is under age 18, sign I give permission for my son/daug	ature is required: hter to enroll in the class(es) listed.		Total:	\$22.45 \$7.50 Age 62+
Parent/Legal Guardian Signature	Date			
	FEES ARE DUE WTH	REGISTRATION		
PAYMENT METHOD	Card Account Number		MAIL TO:	a Education
MasterCard Visa		piration Date:/ Verification Code:(on back) Registrat when on Card: PO Box 5		
Discover Check / Manay Order	<u></u>			
Check / Money Order Payable to Nicolet College	Billing Address of Card: (if different from above)		Rhineland	ler, WI 54501