



**Completed Registration Forms may be emailed to publicsafety@nicoletcollege.edu
or faxed to 715.365.4668**

Mail to: Nicolet College
Attn: Public Safety
PO Box 518
Rhinelander WI 54501

Please Print Clearly

First Name	Last Name	M.I.	Student ID No. or Social Security No.	Date of Birth
Email Address (required as email is primary method of communication by the college)			Home Phone	Cell Phone
Home Address		City	State	ZIP
				Highest Grade Completed (K-12)

Resident of (check one): ☐Township ☐Village ☐City County School District where you live Last High School Attended

The following information is required for state and federal reporting purposes and will be kept confidential.

Gender: ☐Male ☐Female **Ethnicity:** Hispanic/Latino origin? ☐Yes ☐No
Race (check all that apply): ☐American Indian/Alaska Native ☐Asian ☐Black/African American ☐Native Hawaiian/Other Pacific Islander ☐White

Highest Credential Earned

- | | | | |
|--|--|--|---|
| ☐ No Credential | ☐ Some college credit | ☐ 2yr Diploma | ☐ Baccalaureate |
| ☐ GED | ☐ Short-term diploma or certificate | ☐ Associate Degree | ☐ More than Baccalaureate |
| ☐ HSED | | ☐ Associate Degree Plus Additional Credential | ☐ Student Declined/Unknown |
| ☐ High School Diploma | ☐ 1yr Diploma | | |

Completion of this registration form is an agreement to become a registered student in a Continuing Education course at Nicolet Area Technical College. Course availability is dependant upon the number of students registered. It is your responsibility to contact Nicolet Area Technical College to officially drop a class. If you decide to drop, you should do so immediately as a single day can affect your refund amount. A full refund will be given if you notify Nicolet College prior to the first scheduled session.

SECTION #	CATALOG # (IF KNOWN)	CLASS TITLE	LOCATION	START DATE	CLASS FEE
Once enrolled in specific section(s), you have created a liability with Nicolet College and a promise to pay.				TOTAL \$ 0.00	

Nicolet Area Technical College is an Equal Opportunity/Access/Affirmative Action/Veterans/Disability Employer and Educator.

Traffic-Related Registration: Motorcycle, Traffic Safety, Group Dynamics, Multiple Offender

Driver's License Number _____ Assessment Agency and Date _____

Youth Registration: Youth under age 18 require parent/guardian approval. Some courses may have minimum age prerequisites.

Parent/Legal Guardian name: _____ Signature: _____ Date: _____

Agency Bill/Sponsored Registration: If an agency or employer has agreed to pay your tuition, provide organization name, signature and attach written authorization.

Name of Business/Agency or EMS/Law Enforcement/Fire Sponsor: _____

I authorize Nicolet College to forward information regarding the completion of this course to the sponsor listed on the line above. _____

Student Signature

PAYMENT METHOD:	☐ Check/money order payable to Nicolet Area Technical College CK # _____	☐ Cash
	☐ Agency bill (complete section above)	
	☐ Credit Card No. _____ (MasterCard/Visa/Discover)	Exp. Date _____ Security Code _____ (month/year)
Name on Card _____		Cardholder Signature _____