

If your department is not paying for your class, please provide your credit card information below.

<b>MILWAUKEE AREA TECHNICAL COLLEGE — REGISTRATION FORM</b>						
Please Print						
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	COUNTY	STATE	ZIP CODE	FOREIGN COUNTRY

Education Background			
LAST HIGH SCHOOL ATTENDED	CITY	STATE	MONTH AND YEAR GRADUATED

Ethnic Origins			Gender (Please check one):
Your Ethnicity: ___ Hispanic <b>H</b> ___ Not Hispanic or Latino <b>NH</b>	Your Race (You may check one or more): ___ American Indian <b>I</b> ___ Asian <b>AS</b> ( ___ Cambodian <b>ASCA</b> , ___ Laotian <b>ASLA</b> , ___ Vietnamese <b>ASVT</b> , ___ Hmong <b>ASHM</b> ) ___ Black/African American <b>B</b> ___ Native Hawaiian/Pacific Islander <b>N</b> ___ White <b>W</b>	___ Male ___ Female	


<b>Highest Grade Completed at Entry: (check one)</b> ___ <b>00</b> Did Not Attend ___ <b>01</b> (1st Grade) ___ <b>02</b> (2nd Grade) ___ <b>03</b> (3rd Grade) ___ <b>04</b> (4th Grade) ___ <b>05</b> (5th Grade) ___ <b>06</b> (6th Grade) ___ <b>07</b> (7th Grade) ___ <b>08</b> (8th Grade) ___ <b>09</b> (9th Grade) ___ <b>10</b> (10th Grade) ___ <b>11</b> (11th Grade) ___ <b>12</b> (12th Grade) ___ <b>96</b> (Above 12th grade) ___ <b>98</b> (No equivalent grade level available) ___ <b>99</b> (Client refused to provide/unknown)	<b>Highest Credential Received (check one)</b> ___ <b>01</b> No credential ___ <b>02</b> GED YR _____ ___ <b>03</b> HSED YR _____ ___ <b>04</b> High School Diploma ___ <b>05</b> Some college ___ <b>06</b> Short-term Diploma ___ <b>07</b> 1 year Diploma ___ <b>08</b> 2 year Diploma ___ <b>09</b> Associate Degree ___ <b>10</b> Associate Degree (Plus Additional Credential) ___ <b>11</b> Baccalaureate ___ <b>12</b> More than Baccalaureate ___ <b>99</b> Client refused to provide/Unknown  Highest Credential Year ____	<b>Disability: (check one)</b> ___ <b>ND</b> Not Disabled ___ <b>DI</b> Disabled (Primary Disability Not Identified) ___ <b>AU</b> Autistic ___ <b>BI</b> Traumatic Brain Injury ___ <b>DB</b> Deaf – Blind ___ <b>DF</b> Deaf ___ <b>ED</b> Emotional Disability ___ <b>HH</b> Hard of Hearing ___ <b>LD</b> Specific Learning Disability ___ <b>MH</b> Multi Disabled ___ <b>MI</b> Mentally Handicapped ___ <b>MU</b> Speech or Language Impaired ___ <b>OI</b> Orthopedic Disability ___ <b>OT</b> Other Health Impaired ___ <b>VI</b> Visually Impaired  <b>Work Status at Enrollment: (check one)</b> ___ <b>01</b> Employed Full Time ___ <b>02</b> Employed Part Time ___ <b>03</b> Underemployed ___ <b>04</b> Unemployed, Seeking ___ <b>05</b> Not in Labor Market ___ <b>06</b> Dislocated Worker
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<b>Single Parent: (check one)</b> You are unmarried or legally separated, and you have custody of one or more minor children or you are pregnant. ___ Yes ___ No
<b>Displaced Homemaker: (check one)</b> • 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) _____ City/Township County State
Are you in the U.S. on a temporary visa? ___ Yes ___ No If yes, please list visa type: _____

Visa    Master Card    Discover    Date
Card #
Signature

**Signature:**

**Date:**