

MILWAUKEE AREA TECHNICAL COLLEGE — REGISTRATION FORM

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	STATE	ZIP CODE	FOREIGN COUNTRY
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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 _____
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Ethnic Origins

Your Ethnicity: Hispanic H American Indian I Asian AS Cambodian ASCA, Laotian ASLA, Vietnamese ASVT, Hmong ASHM
 Not Hispanic or Latin Black/African American B Native Hawaiian/Pacific Islander N White W

Highest Grade & Highest Credential Received (check one)

00 Did Not Attend 12 (12th Grade) ID Intellectual Disability
 01 (1st Grade) 02 GED YR _____ DI Disabled (Primary
 02 (2nd Grade) 03 HSED YR _____ Disability Not Identified)
 03 (3rd Grade) 04 High School Diploma AU Autism Spectrum Disorder
 04 (4th Grade) 98 (Above 12th grade) BI Traumatic Brain Injury
 05 (5th Grade) 05 Some College DB Deaf - Blind
 06 (6th Grade) 06 Short-term Diploma HH Hard of Hearinging
 07 (7th Grade) 07 1 year Diploma LD Specific Learning Disability
 08 (8th Grade) 08 2 year Diploma MH Multi Disabled
 09 (9th Grade) 09 Associate Degree PD Psychological Disability
 10 (10th Grade) 10 Associate Degree
 (Plus Additional Credential) MU Speech or Language Disability
 11 (11th Grade) 11 Baccalaureate OI Orthopedic Mobility
 98 (Foreign Education) 12 More than Disability
 Baccalaureate OT Other Health Impaired
 VI Visual Disability

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: _____

Parent Highest Educational Level (check one)

Parent 1	Parent 2	Work Status at Enrollment (check one):
<input type="checkbox"/> 00 None	<input type="checkbox"/> 00 None	<input type="checkbox"/> 01 Employed Full Time
<input type="checkbox"/> 01 High School Diploma	<input type="checkbox"/> 01 High School Diploma	<input type="checkbox"/> 02 Employed Part Time
<input type="checkbox"/> 02 Associate Degree	<input type="checkbox"/> 02 Associate Degree	<input type="checkbox"/> 03 Underemployed
<input type="checkbox"/> 03 Bachelor's Degree	<input type="checkbox"/> 03 Bachelor's Degree	<input type="checkbox"/> 04 Unemployed, Seeking
<input type="checkbox"/> 04 Master's Degree	<input type="checkbox"/> 04 Master's Degree	<input type="checkbox"/> 05 Not in Labor Market
		<input type="checkbox"/> 06 Dislocated Worker

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

Term*	Synonym No.	Subject ID	Course ID	Section N	Course Title	Location	Days	Time	Credits	\$ Fee
SU2020	00126797	Diesel	401	400	CNG Fuel System Inspector	South	MT	8-11:55 12:30-4:25	0.40	\$72.32

* Fall = FA, Spring = SP, Summer = SU **Total Amount \$72.32**

Signature acknowledges that he/she is liable for all tuition and fees associated with course enrollment in accordance with
 Signature: _____ Student Number: _____ Date: _____