



Class Registration

Registration
 Lakeshore Technical College
 1290 North Avenue
 Cleveland, WI 53015
 920.693.8213 or 920.693.1000
 Fax 920.693.3561
 1.888.GO TO LTC Ext. 1366
 (1.888.468.6582 Ext. 1366)

Mail-in registrations require payment in full or signed Class Payment Agreement

Student I.D. No. (8 digits)		First Name		Middle Name		Last Name		
Former Names		Date of Birth	Month	Day	Year	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Social Security No.	
Home Address (Street, P.O.)					City		State	ZIP Code
Employer Name and Address (Street, P.O.)					City		State	ZIP Code
Place of Part-Time Employment or Place Where You Volunteer Service and Address								
Home Phone Number		Employer Phone Number			Cell phone Number		Other Phone Number	
Home Email Address					Other Email Address			
The following information is for state and federal reporting and is confidential.	Are you Hispanic or Latino? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Status at Enrollment: <input type="checkbox"/> 01 Employed, Full Time <input type="checkbox"/> 02 Employed, Part Time <input type="checkbox"/> 03 Underemployed <input type="checkbox"/> 04 Unemployed, Seeking Employment <input type="checkbox"/> 05 Not in Labor Market <input type="checkbox"/> 06 Dislocated Worker			Single Parent <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	Withdrew From High School <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	
	Select any other group or groups that apply to you. <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White		Highest Grade of School Completed _____			Displaced Homemaker <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	Economically Disadvantaged <input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No	Disability <input type="checkbox"/> 98 Yes <input type="checkbox"/> 99 No
Last High School Attended and State					Date You Will or Did Graduate From High School			
I am a legal resident of:		County		<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City		School District		

U	C	E	Catalog Number	5-Digit Class Number	Class Title	Start Date	Credits

Amount to be paid _____

Comments: _____

_____		_____	_____
<i>Visa or MasterCard Number</i>		<i>Exp. Date</i>	<i>V Code</i>
_____		_____	
<i>Student Signature</i>		<i>Date</i>	

<i>Instructor Signature if Class Is in Session</i>			

Visit gotoltc.edu/refunds to review LTC's refund policy.