



# REGISTRATION FORM

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registration@blackhawk.edu

**PLEASE PRINT**

BTC Student Identification Number	Last Name	First Name	Middle	Previous Name
Street Address		City or Town		State
Home Phone (      )		Cell Phone (      )		
County of Residence	<input type="checkbox"/> City of <input type="checkbox"/> Village of <input type="checkbox"/> Township of	Email Address		
Date of Birth Month      Day      Year	Marital Status <input type="checkbox"/> Single <input type="checkbox"/> Legally Separated <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed	Highest Credential Received at Enrollment <input type="checkbox"/> No Credential (no GED or higher) <input type="checkbox"/> Currently in High School <input type="checkbox"/> GED <input type="checkbox"/> HSED <input type="checkbox"/> High School Diploma <input type="checkbox"/> Some College <input type="checkbox"/> Short-Term Diploma <input type="checkbox"/> 1-Year Diploma <input type="checkbox"/> 2-Year Diploma (including Apprenticeship) <input type="checkbox"/> Associate Degree <input type="checkbox"/> Baccalaureate <input type="checkbox"/> More than Baccalaureate		
Gender Identity <input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Transgender <input type="checkbox"/> Other	Highest Grade Completed at the Time of Enrollment <input type="checkbox"/> Above 12 <sup>th</sup> grade <input type="checkbox"/> 12 <sup>th</sup> grade <input type="checkbox"/> 11 <sup>th</sup> grade <input type="checkbox"/> 10 <sup>th</sup> grade <input type="checkbox"/> 9 <sup>th</sup> grade <input type="checkbox"/> 8 <sup>th</sup> grade <input type="checkbox"/> Foreign country educated			
<input type="checkbox"/> High School Graduate      Year      Name of High School      City and State of High School <input type="checkbox"/> GED <input type="checkbox"/> HSED      19      20				
Has either of your parents attended a two-year college? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has either of your parents graduated from college? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Hispanic/Latino <input type="checkbox"/> Yes <input type="checkbox"/> No	Race (check all that apply) <input type="checkbox"/> American Indian or Alaskan Native <input type="checkbox"/> Black or African American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	Asian Origin <input type="checkbox"/> Vietnam <input type="checkbox"/> Laos <input type="checkbox"/> Cambodia <input type="checkbox"/> Other	Economically disadvantaged <input type="checkbox"/> Yes <input type="checkbox"/> No Are you a single parent? <input type="checkbox"/> Yes <input type="checkbox"/> No	Citizenship Status <input type="checkbox"/> U. S. Citizen <input type="checkbox"/> Foreign Student <input type="checkbox"/> Immigrant/Refugee <input type="checkbox"/> Eligible Legalized Alien <input type="checkbox"/> Other
Work status <input type="checkbox"/> Employed, full time    Employer Name: <input type="checkbox"/> Employed, part time    Work Phone: (      ) <input type="checkbox"/> Not in labor market <input type="checkbox"/> Underemployed (over qualified for current job) <input type="checkbox"/> Unemployed, seeking job <input type="checkbox"/> Dislocated Worker		Displaced homemaker status <input type="checkbox"/> No work outside home/no gainful employment <input type="checkbox"/> Not eligible for public assistance <input type="checkbox"/> Lost income due to death, divorce or separation <input type="checkbox"/> Within 2 yrs. of losing support for minor child(ren)		
I certify that the information on this form is true and complete to the best of my knowledge.    Signature _____    Date _____				
CRN	COURSE NUMBERS (9)	COURSE TITLES	Type of Override	Dean's Approval

MasterCard     Visa     Discover Card    Amount \_\_\_\_\_    Credit Card Number \_\_\_\_\_  
 Include 3 Digit Code in Signature Block \_\_\_\_\_    Expiration Date \_\_\_\_\_    Cardholder's Signature: \_\_\_\_\_