



PLEASE PRINT

Registration Form

Quarter of Registration SUMMER FALL WINTER SPRING 20____

STUDENT ID NUMBER	LAST NAME	FIRST NAME	MI	BIRTHDATE	SEX
					<input type="checkbox"/> M <input type="checkbox"/> F
SOCIAL SECURITY NUMBER	PREVIOUS LAST NAME	TELEPHONE CONTACT NUMBERS			
		<input type="checkbox"/> NEW STUDENT <input type="checkbox"/> FORMER STUDENT			
* I authorize this college to use my Social Security Number to obtain employment and wage information held by the Employment Security Department for the purposes of state and federal educational reporting, evaluation and research.		CELL PHONE		OTHER PHONE	
<input type="checkbox"/> Yes, I give my consent. <input type="checkbox"/> No, I do not consent to the use of my SSN for the above stated purpose.		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
CURRENT ADDRESS	STREET		APT #		
	CITY	STATE	ZIP	E-MAIL ADDRESS	
STUDENT PURPOSE	WHAT IS YOUR GOAL FOR ATTENDING CPTC? <input type="checkbox"/> (11) Take courses related to current/future work <input type="checkbox"/> (13) High school diploma or GED <input type="checkbox"/> (12) Transfer to a 4-year college <input type="checkbox"/> (14) Explore career direction <input type="checkbox"/> (15) Personal enrichment <input type="checkbox"/> (90) Other				
U. S. CITIZEN?	<input type="checkbox"/> Yes <input type="checkbox"/> No (if no, check type of Visa) <input type="checkbox"/> Resident Alien/Immigrant (IM) <input type="checkbox"/> Student (M1) <input type="checkbox"/> Refugee (RF) <input type="checkbox"/> Visitor Business (B1) <input type="checkbox"/> Visitor Pleasure (B2) <input type="checkbox"/> Other (ZZ) _____				
DISABILITY?	<input type="checkbox"/> Yes <input type="checkbox"/> No Do you have physical, sensory or mental impairment that substantially limits one or more of the major life functions such as seeing, hearing, speaking, walking, breathing, working with your hands, learning, caring for self or working? To request accommodations, contact Advising/Counseling at (253) 589-5767.				

ITEM #	COURSE ID	TITLE	START DATE

NEW STUDENTS: You must complete all the questions on the reverse side of this page.

STUDENT SIGNATURE	DATE
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By signing this document, student agrees to be bound by CPTC policies and procedures as set forth in the Student Handbook and online.

*To comply with federal laws, we are required to ask for your Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN). We will use your SSN/ITIN to report American Opportunity tax credit, to administer state/federal financial aid, to verify enrollment, degree and academic transcript records, and to conduct institutional research. If you do not submit your SSN/ITIN, you will not be denied access to the college; however, you may be subject to civil penalties (refer to Internal Revenue Service Treasury Regulation 1.6050S-1(e) (4) for more information). Pursuant to state law (RCW 28B.10.042) and federal law (Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.

NON-DISCRIMINATION POLICY: Clover Park Technical College does not discriminate on the basis of race, color, national origin, sex, disability, sexual orientation/gender identity, veterans status, religion, or age in its programs and activities. The following office has been designated to handle inquiries regarding the non-discrimination policies: Chief Human Resources and Legal Affairs Officer, 4500 Steilacoom Blvd SW, Lakewood, WA 98499. Telephone (253)589-5533.

LIMIT OF LIABILITY: The College's total liability for claims arising from a contractual relationship with the student in any way related to classes or programs shall be limited to the tuition and expenses paid by the student to the College for those classes or programs. In no event shall the college be liable for any special, indirect, incidental, or consequential damages, including but not limited to, loss of earnings or profits.

EDUCATIONAL BACKGROUND	LAST HIGH SCHOOL ATTENDED	CITY	STATE	LAST YEAR ATTENDED	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
	LAST COLLEGE ATTENDED	CITY	STATE	LAST YEAR ATTENDED	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITED ENGLISH PROFICIENCY	<input type="checkbox"/> (2) YES An individual not born in the United States or whose native language is a language other than English, and who by reason thereof, has sufficient difficulty speaking, reading, writing, understanding the English language.				

Student information will be protected by the Educational Rights & Privacy Act of 1974. Information is requested to comply with state and federal requirements.

PLEASE MARK THE NUMBER THAT BEST APPLIES TO YOU

Which race do you consider yourself to be?

(Please mark up to two choices)

- White (800)
- African/American (872)
- American Indian (597)
- Alaska Native (015)
- Native Hawaiian (653)
- Other Pacific Islander (681)
- Vietnamese (619)
- Filipino (608)
- Chinese (605)
- Korean (612)
- Japanese (611)
- Other Asian (621)
- Other Race (specify) _____

Are you Spanish/Hispanic/Latino ethnicity?

- No (999)
- Yes, Mexican, Mexican American, Chicano (722)
- Yes, Cuban (709)
- Yes, Puerto Rican (727)
- Yes, Other Spanish/Hispanic/Latino (please specify)

What is your family status?

- (11) A single parent with children or other dependents in your care
- (12) A couple with children or other dependents in your care
- (13) Without children or other dependents in your care
- (90) Other _____

Have you served in the U.S. Armed Forces? (V\$)

Veterans and/or their dependents may qualify for educational benefits. Please call the VA at 1-888-442-4551 or go to www.gbill.va.gov for more information.

How long do you plan to attend Clover Park Technical College?

- (11) One quarter
- (12) Two quarters
- (13) One year
- (14) Up to two years
- (15) Complete a degree
- (16) Don't know
- (90) Other _____

What is your current work status while attending CPTC?

- (11) Full time homemaker
- (12) Full time employment (including self-employed and military)
- (13) Part time off campus
- (14) Part time on campus
- (15) Not employed, but seeking employment
- (16) Not employed, not seeking employment
- (90) Other _____

What is your prior level of education at entry to CPTC?

- (11) Less than high school graduate
- (12) GED
- (13) High school graduate
- (14) Some post high school, but no degree/certificate
- (15) Certificate
- (16) Associate degree
- (17) Bachelor's degree or above
- (90) Other _____

MAIL TO:

Enrollment Services
 Clover Park Technical College
 4500 Steilacoom Boulevard S.W.
 Lakewood, WA 98499

Phone: (253) 589-5666
 FAX: (253) 589-5852

The college appreciates your response to the following questions. All information will be maintained with the strictest confidentiality.

What is your sexual orientation?

- Bisexual (72)
- Gay (99)
- Lesbian (21)
- Queer (28)
- Straight/heterosexual (23)
- Other (01)
- Prefer not to answer (57)

What is your gender identity?

- Feminine (22)
- Masculine (77)
- Androgynous (52)
- Gender neutral (35)
- Transgender (27)
- Other (01)
- Prefer not to answer (57)

FOR OFFICE USE ONLY

- EHS Running Start
- HS Code _____ Grade
- HS Advisor _____

ACCUPLACER SCORES

W _____ R _____ PA _____
 A _____ WFT _____