



Registration Form

Social Security Number _____ - _____ - _____

Your Social Security number is requested for the records system at HCC, compliance with federal and state reporting requirements, and tax purposes.

Name: _____
Last First Middle (Required, if None, write N/A)

Address: _____

City: _____ **State:** _____ **Zip Code:** _____ **Phone:** (include area code) () _____

Date of Birth: _____ **Sex:** _____ Male _____ Female

Email: _____

- 1. Are you Hispanic or Latino** (OR are you of Spanish Origin)?
- _____ Yes Hispanic or Latino – If yes, skip to # 3.
 _____ Not Hispanic or Latino

- 2. Please identify your primary racial/ethnic group** (Select One)
- _____ American Indian or Alaska Native
 _____ Asian
 _____ Black or African American
 _____ Hispanic or Latino
 _____ Native Hawaiian or Other Pacific Islander
 _____ White
 _____ Choose Not to Respond

Course fees are refundable when a course is canceled by the College. Fees are refundable to the student whose written request for withdrawal has been received by the Office of Admissions and Records prior to the beginning of the class.

- 3. Are you from one or more of the following racial groups?** (Select all that apply)
- _____ American Indian or Alaska Native
 _____ Asian
 _____ Black or African American
 _____ Native Hawaiian or Other Pacific Islander
 _____ White
 _____ Choose Not to Respond

- 4. Are you in the U.S. on a Visa – Non-resident Alien?**
- _____ Yes in the United States on a Visa.
 Provide Home Country of Origin _____
- _____ Not in the United States on a Visa

- 5. Highest Degree Earned** _____ Associate
 _____ Bachelor's _____ Master's _____ Doctorate

- 6. High School Graduate** _____ Yes _____ No
 Year _____ City _____

- 7. GED** _____ Yes _____ No State _____

Course Id	Course Title	Cost
		\$
		\$
Total Cost for classes		\$

Payment must accompany registration form:

_____ Full Payment by Check (Check # _____) Make Checks payable to Highland Community College.

_____ Full Payment by Credit Card (Highland will call you for credit card number to process over phone.)

Preferred phone (____) _____ - _____

As consideration for being permitted by Highland Community College, the State of Illinois ("State"), the County of Stephenson (the "County"), and any lessor of Highland Community College premises ("Lessor"), to participate in Lifelong Learning courses and use Highland Community College premises and facilities, I (the undersigned) forever release the College, the State, the County, the Lessor, any Highland Community College affiliated organization, and their respective directors, officers, employees, volunteers, agents, contractors, and representatives (collectively "Releasees") from any and all actions, claims, or demands that I, my assignees, heirs, distributees, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by any Releasee, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities

Student's Signature Date