



**Registration Form**

**Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

According to the IRS standards in regulation section §1.6050S-1 (see section 6723), Highland Community College is required under penalty of perjury to show we have in good faith complied with Internal Revenue Service (IRS) regulations to solicit for a valid social security number (SSN).

**Name** \_\_\_\_\_  
 Last First Middle (Required, if none, write N/A)

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_ **Phone** (include area code) (\_\_\_\_) \_\_\_\_\_

**Date of Birth** \_\_\_\_\_ ; **YbXYf:** \_\_\_\_ Male \_\_\_\_ Female

**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

**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 \_\_\_\_ School \_\_\_\_\_ City \_\_\_\_\_

**7. GED** \_\_\_\_ Yes \_\_\_\_ No State \_\_\_\_\_

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

Course ID #	Course Title	Cost
		\$
		\$

**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

Mail registration with check to: **Attn: Admissions, Highland Community College, 2998 W Pearl City Rd, Freeport, IL 61032**  
 "7 fYUjY YHYW 7 Ua dgzd YUgYVca d YH dU Y &"