Community Education
Registration Form

(815-599-3612) www.highland.edu

Social Security Number: _____-_____-_____

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

Address_____

City_____ State _____ Zip Code_____Home phone (include area code) ( )_____

Date of Birth _____- Sex: _____Male _____Female

Are you Hispanic or Latino (OR Are you of Spanish Origin?)
_____ Yes Hispanic or Latino
_____ Not Hispanic or Latino

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

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

Are you in the United State on a Visa -Nonresident Alien?
____ Yes in the United States on a Visa.
→Provide Home Country of Origin _____
_____Not in the United States on a Visa

Highest Degree Earned _____ Associate's _____ Bachelor's _____ Doctorate
High School Graduate _____ Yes _____ No Year _____ City _____
GED _____ Yes _____ No State _____

Course Id	Course Title	Cost

$

Total Cost for classes

Method of payment:

_____ Full Payment by Cash
_____ Full Payment by Check (Check # _____) Make Checks payable to Highland Community College.
_____ Full Payment by Credit Card:
Card type: _____
Credit Card # _____/_____/_____/_____
Expiration Date _____

Mail registration with payment to: Highland Community College, 2998 W Pearl City Rd, Freeport, IL 61032

_____ _____
Student's Signature **Date**