

**Continuing Education Registration**

PO Box 518

Rhineland, WI 54501

Phone: 715.365.4544 or 800.544.3039 ext 4544

Fax: 715.365.4596

Continuing Education Registration Form

Please Print

Fields with * are required for registration

Legal First Name * MI Last Name * Date of Birth * Student ID # *if known* or SSNPreferred First Name Primary Phone * ☐ Cell ☐ Home ☐ Work Secondary Phone ☐ Cell ☐ Home ☐ Work

Email Address * (Required for receiving certificate of completion)

Home Mailing Address * City * State * Zip Code *

Home Residence: ☐ Township ☐ Village ☐ City County School District

Highest Grade Completed * High School: Graduation Year * Last High School Attended *

THE FOLLOWING INFORMATION IS FOR STATE REPORTING PURPOSES. INFORMATION PROVIDED WILL NOT AFFECT COURSE ADMISSION.Sex ☐ Male ☐ Female ☐ OtherHighest Credential Earned: (check one) ☐ No Credential ☐ High School Diploma ☐ GED ☐ HSED ☐ Some college
☐ Short-Term Diploma ☐ 1-Year Diploma ☐ 2-Year Diploma
☐ Associate Degree ☐ Associate Degree + additional credentials
☐ Baccalaureate Degree ☐ Higher than a Baccalaureate DegreeRace Category (check one) ☐ Hispanic ☐ Non-HispanicEthnic Group (check all that apply) ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American
☐ Native Hawaiian/Other Pacific Islander ☐ White

| Term | Class | Meetings | Delivery | Fee | Senior Fee |
|-------------|-------|---|--|---------|------------|
| Spring 2025 | 9050 | Firearms Safety Course CCW 04/02/2025 - 04/02/2025 Wed | Classroom 12:00 PM - 4:00 PM Rhineland Fieldside Center 128 | \$22.45 | \$7.50 |

Total: \$22.45 \$7.50
Age 62+If participant is under age 18, signature is required:
I give permission for my son/daughter to enroll in the class(es) listed.

Parent/Legal Guardian Signature Date

FEES ARE DUE WITH REGISTRATION**PAYMENT METHOD**

- ☐ MasterCard
☐ Visa
☐ Discover
☐ Check / Money Order
Payable to Nicolet College

Card Account Number _____
Expiration Date: ____/____/____ Verification Code: _____ (on back)
Name on Card: _____
Billing Address of Card: (if different from above) _____

MAIL TO:

Continuing Education
Registration
Nicolet College
PO Box 518
Rhineland, WI 54501