



**Completed Registration Forms may be emailed to [publicsafety@nicoletcollege.edu](mailto:publicsafety@nicoletcollege.edu)  
or faxed to 715.365.4668**

Mail to: Nicolet College  
Attn: Public Safety  
PO Box 518  
Rhinelander WI 54501

*Please Print Clearly*

First Name	Last Name	M.I.	Student ID No. or Social Security No.	Date of Birth
Email Address (required as email is primary method of communication by the college)			Home Phone	Cell Phone
Home Address		City	State	ZIP
				Highest Grade Completed (K-12)

Resident of (check one): ☐Township ☐Village ☐City County School District where you live Last High School Attended

The following information is required for state and federal reporting purposes and will be kept confidential.

**Gender:** ☐Male ☐Female **Ethnicity:** Hispanic/Latino origin? ☐Yes ☐No  
**Race (check all that apply):** ☐ American Indian/Alaska Native ☐ Asian ☐ Black/African American ☐ Native Hawaiian/Other Pacific Islander ☐ White

**Highest Credential Earned**

- |  |  |  |   |
|--|--|--|---|
| <input type="checkbox"/> No Credential       | <input type="checkbox"/> Some college credit               | <input type="checkbox"/> 2yr Diploma                                 | <input type="checkbox"/> Baccalaureate            |
| <input type="checkbox"/> GED                 | <input type="checkbox"/> Short-term diploma or certificate | <input type="checkbox"/> Associate Degree                            | <input type="checkbox"/> More than Baccalaureate  |
| <input type="checkbox"/> HSED                |  | <input type="checkbox"/> Associate Degree Plus Additional Credential | <input type="checkbox"/> Student Declined/Unknown |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> 1yr Diploma                       |  |   |

**It is your responsibility to contact Nicolet Area Technical College to officially drop a class.** If you decide to drop, you should do so immediately as a single day can affect your refund amount. A full refund will be given if you notify Nicolet College prior to the first scheduled class meeting.

SECTION #	CATALOG # (IF KNOWN)	CLASS TITLE	LOCATION	START DATE	CLASS FEE
Once registered for a course(s), you have created a liability with Nicolet College and a promise to pay.				<b>TOTAL</b>	

Nicolet Area Technical College is an Equal Opportunity/Access/Affirmative Action/Veterans/Disability Employer and Educator.

**Traffic-Related Registration:** Motorcycle, Traffic Safety, Group Dynamics, Multiple Offender

Driver's License Number \_\_\_\_\_ Assessment Agency and Date \_\_\_\_\_

**Youth Registration:** Youth under age 18 require parent/guardian approval. Some courses may have minimum age prerequisites.

Parent/Legal Guardian name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Agency Bill/Sponsored Registration:** If an agency or employer has agreed to pay your tuition, provide organization name, signature and attach written authorization.

Name of Business/Agency or EMS/Law Enforcement/Fire Sponsor: \_\_\_\_\_

I authorize Nicolet College to forward information regarding the completion of this course to the sponsor listed on the line above. \_\_\_\_\_

Student Signature

<b>PAYMENT METHOD:</b>	<input type="checkbox"/> Check/money order payable to Nicolet Area Technical College CK # _____	<input type="checkbox"/> Cash
	<input type="checkbox"/> Agency bill (complete section above)	
	<input type="checkbox"/> Credit Card No. _____ (MasterCard/Visa/Discover)	Exp. Date _____ Security Code _____ (month/year)
Name on Card _____		Cardholder Signature _____