

CONTINUING EDUCATION/COMMUNITY EDUCATION ONLY

# Mail-In Registration

PLEASE PRINT

SOCIAL SECURITY NUMBER (OPTIONAL)		LAST NAME		FIRST NAME		MIDDLE INITIAL	BIRTH DATE		SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE
<b>CURRENT ADDRESS</b>		STREET		APT. NUMBER	DAY TELEPHONE		NIGHT TELEPHONE		
CITY		STATE		ZIP CODE	E-MAIL		ARE YOU A U.S. CITIZEN? <input type="checkbox"/> YES <input type="checkbox"/> NO		
<b>EDUCATIONAL BACKGROUND</b>		LAST HIGH SCHOOL ATTENDED		CITY	STATE	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF NO: STUDENT <input type="checkbox"/> (FI) <input type="checkbox"/> (MI) <input type="checkbox"/> REFUGEE (RF) <input type="checkbox"/> IMMIGRANT/PERMANENT RESIDENT (IM) <input type="checkbox"/> OTHER: _____		
		LAST COLLEGE ATTENDED		CITY	STATE	GRADUATED? <input type="checkbox"/> YES <input type="checkbox"/> NO			

**IN EACH CATEGORY BELOW, PLEASE CHECK ONE BOX THAT BEST APPLIES TO YOU**

Student information will be protected by the Family Privacy Rights Regulation. Information requested to comply with State and Federal Requirements.

**ETHNIC ORIGIN:**

<input type="checkbox"/> WHITE (800)	<input type="checkbox"/> ALEUT (941)	<input type="checkbox"/> VIETNAMESE (619)	<input type="checkbox"/> OTHER ASIAN OR PACIFIC ISLANDER	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> BLACK/AFRICAN AMERICAN (870)	<input type="checkbox"/> CHINESE (605)	<input type="checkbox"/> JAPANESE (611)	INDICATE: _____	(IF YES, CHECK THE BOX THAT BEST DESCRIBES YOU)
<input type="checkbox"/> ESKIMO (935)	<input type="checkbox"/> FILIPINO (608)	<input type="checkbox"/> ASIAN INDIAN (600)	<input type="checkbox"/> SPANISH OR HISPANIC	<input type="checkbox"/> MEXICAN, MEXICAN AMERICAN, CHICANO (722)
<input type="checkbox"/> AMERICAN INDIAN (597)	<input type="checkbox"/> HAWAIIAN (653)	<input type="checkbox"/> SAMOAN (655)	<input type="checkbox"/> OTHER RACE	<input type="checkbox"/> CUBAN (941) <input type="checkbox"/> PUERTO RICAN (727)
LISTED ENROLLED OR PRINCIPAL TRIBE: _____	<input type="checkbox"/> KOREAN (612)	<input type="checkbox"/> GUAMANIAN (660)	INDICATE: _____	<input type="checkbox"/> OTHER SPANISH OR HISPANIC (EX. COLOMBIAN, ETC.)
				INDICATE: _____

**ARE YOU DISABLED?**

<input type="checkbox"/> NO	<input type="checkbox"/> (2) DEVELOPMENTAL DISABILITY	<input type="checkbox"/> (5) SPEECH IMPAIRED	<input type="checkbox"/> (8) ORTHOPEDICALLY IMPAIRED	<input type="checkbox"/> (a) DEAF AND BLIND	<input type="checkbox"/> (d) LEGALLY BLIND
<input type="checkbox"/> YES	<input type="checkbox"/> (3) HARD OF HEARING	<input type="checkbox"/> (6) VISUALLY HANDICAPPED	<input type="checkbox"/> (9) OTHER HEALTH IMPAIRMENT	<input type="checkbox"/> (b) MULTI-HANDICAPPED	<input type="checkbox"/> (e) ACQUIRED INJURY

<p><b>LIMITED ENGLISH PROFICIENCY</b></p> <input type="checkbox"/> (1) NO <input type="checkbox"/> (2) YES An individual not born in the United States or whose native language is a language other than English, and who by reason thereof, has sufficient difficulty speaking, reading, writing or understanding the English language	<p><b>STUDENT PURPOSE</b></p> How will your course work relate to your current or future work? <input type="checkbox"/> (11) Gain skills for a new job or career <input type="checkbox"/> (12) Gain skills for current job <input type="checkbox"/> (13) Improve skills for a career change <input type="checkbox"/> (14) Does not apply to current or future work <input type="checkbox"/> (90) Other: please specify _____	What is your goal for attending RTC? <input type="checkbox"/> (11) Take courses related to current/future work <input type="checkbox"/> (13) High school diploma or GED <input type="checkbox"/> (14) Explore career direction <input type="checkbox"/> (15) Personal enrichment <input type="checkbox"/> (90) Other: please specify _____	How long do you plan to attend RTC? <input type="checkbox"/> (11) One quarter <input type="checkbox"/> (12) One year <input type="checkbox"/> (14) Two years <input type="checkbox"/> (15) Course completion <input type="checkbox"/> (16) Don't know <input type="checkbox"/> (90) Other: please specify _____
<p><b>ARE YOU A DISPLACED HOMEMAKER?</b></p> <input type="checkbox"/> (1) NO <input type="checkbox"/> (2) YES A displaced homemaker is an adult and has worked as an adult primarily without pay to care for the home and family, and for that reason has few marketable skills; has been dependent on public assistance or on the income of a relative, but is no longer supported by such income; is unemployed or underemployed and is experiencing difficulty in obtaining any employment or suitable employment.	What is your current work status while attending RTC? <input type="checkbox"/> (11) Full-time homemaker <input type="checkbox"/> (12) Full-time employment (including self-employed and military) <input type="checkbox"/> (13) Part-time off-campus <input type="checkbox"/> (14) Part-time on-campus <input type="checkbox"/> (15) Not employed, but seeking employment <input type="checkbox"/> (16) Not employed, not seeking employment <input type="checkbox"/> (90) Other: please specify _____	What is your prior level of education at entry to RTC? <input type="checkbox"/> (11) Less than high school graduation <input type="checkbox"/> (12) GED <input type="checkbox"/> (13) High school graduate <input type="checkbox"/> (14) Some post high school, but no degree or certificate <input type="checkbox"/> (15) Certificate <input type="checkbox"/> (16) Associate Degree <input type="checkbox"/> (17) Bachelor's Degree or above <input type="checkbox"/> (90) Other: please specify _____	What is your family status? <input type="checkbox"/> (11) Single parent w/children or other dependents <input type="checkbox"/> (12) Couple w/children or other dependents in your care <input type="checkbox"/> (13) Without children or other dependents in your care <input type="checkbox"/> (90) Other: please specify _____

**CLASS REGISTRATION**

COURSE NUMBER	ITEM #	COURSE TITLE	HOURS	COURSE FEE
COMM 515	0967	Amateur (Ham) Radio Tech.	9:00 <span style="border: 1px solid red; border-radius: 50%; padding: 2px;">AM</span>	Free
			AM	
			PM	
			AM	
			PM	
START DATE 10/04/2008	RECEIPT NUMBER	<b>TOTAL</b>		
PLEASE CHECK ONE <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	CREDIT CARD NUMBER	EXPIRATION DATE		
To the best of my knowledge, the above information is true and correct. SIGNATURE		DATE		

**Please Check Method of Payment**  
 Check  Money Order  Credit Card

Please do not send currency  
 Please make your check or money order payable to:

**Renton Technical College**

Send to:

Registration Department  
 Renton Technical College  
 3000 NE 4th St.  
 Renton, WA 98056-4195

**This registration form is for part-time, evening and community education classes only.**

You must register in-person for full-time classes.

**One registration form per person.**

Mail this completed form along with you check or money order to:  
 Renton Technical College  
 Registration Office  
 3000 NE Fourth St.  
 Renton, WA 98056-4195

**When enrolling by mail, your registration is automatically confirmed. The only notification you will receive would be regarding class cancellations or changes.**

We accept VISA and MasterCard.

No phone registrations accepted.

For registration information call (425) 235-2352.

