

# REGISTRATION FORM

Quarter and year Summer  1 Fall  2 Winter  3 Spring  4 20\_\_



Name (last, first, initial)

Previous last name

Student Identification Number

Address (street or box number)

City

State

Zip code

E-mail address

Social Security Number:

Your social security number is confidential and, under FERPA, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts or accountability research.

Telephone

Day

Evening

Sex

Male  Female

Date of Birth

Are you a military or federal employee or a dependent of the same?  Yes  No

Are you a U.S. citizen?

Yes  No

Are you a veteran?

Yes  No

Have you lived continuously in Washington state for the past 12 months?

Yes  No Years \_\_\_\_\_ Months \_\_\_\_\_

## STUDENT PURPOSE

**How will your coursework relate to your current or future work?**

- 11 Gain skills for a new job or career
- 12 Gain skills for my current job or career
- 13 Improve skills for a career change
- 14 Does not apply
- 90 Other

**What is your main reason for attending SVC this quarter?**

- 11 Take Courses Related to Current or Future Work
- 12 Transfer to a four year college
- 13 High School Diploma or GED
- 14 Explore Career Direction
- 15 Personal enrichment
- 90 Other
- 99 No Response

See health insurance brochure for details.

- I have read the information on health insurance, and I **DO** want to enroll.
- I have my own, or I **DO NOT** want to enroll in health insurance.

**Optional (confidential information used for statistical reporting only).** Persons with a disability may be eligible for support services and should call Disabled Student Services. (360) 416-7654

Do you have a physical or mental impairment which substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, working, etc?

Yes  No

## NEW STUDENTS MUST COMPLETE ADDITIONAL QUESTIONS ON A SEPARATE PAGE.

### Office Use Only

LINE	DEPT	COURSE	SECT.	CR	TIME	CIRCLE DAYS	ROOM	DESCRIPTION	AMOUNT
						S M T W Th F S		TUITION	
						S M T W Th F S		FEES	
						S M T W Th F S		SERV.	
						S M T W Th F S		STU. SHARE	
						S M T W Th F S		T.A.	
						S M T W Th F S			
						S M T W Th F S		TOTAL	

**TOTAL**

**X** \_\_\_\_\_

COUNSELOR / ADVISOR

**FERPA:** Reports or information on FERPA, student rights and responsibilities, state funding support, graduation rates, placement rates, scholarships and crime statistics are published periodically in the Cardinal Newspaper, in compliance with federal and state laws. Copies of this information are also

**Do either of your parents have a four-year college/university degree? (OR if you lived with only one parent, does that parent have a four-year college/university degree?)**  Yes  No

**X** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

STUDENT'S SIGNATURE

Signature indicates that you agree to pay tuition / fees and adhere to the refund and withdrawal policy. Lack of attendance does not constitute withdrawal.

WHITE - Office copy YELLOW - Data Processing copy PINK - Accounting copy GOLDENROD - Student copy

Skagit Valley College is an equal opportunity employer and provides a drug-free environment for our faculty, staff and students. We are committed to providing a workplace in which all individuals can achieve success in a climate of equality and to enhancing the diversity of our faculty, staff, and students.

Mount Vernon Campus  
(360) 416-7600

Whidbey Island Campus  
(360) 675-6656

San Juan Center  
(360) 378-3220

South Whidbey Center  
(360) 341-2324

Business Resource Center  
(360) 416-7872