

# Mail-In Registration

## CONTINUING EDUCATION/COMMUNITY EDUCATION ONLY

PLEASE PRINT

SOCIAL SECURITY NUMBER	LAST NAME	FIRST NAME	MIDDLE INITIAL	BIRTHDATE	SEX <input type="checkbox"/> Male <input type="checkbox"/> Female
CURRENT ADDRESS STREET		APARTMENT NUMBER		DAY TELEPHONE	
CITY		STATE	ZIP CODE		
EDUCATIONAL BACKGROUND LAST HIGH SCHOOL ATTENDED		CITY	STATE	GRADUATED? <input type="checkbox"/> Yes <input type="checkbox"/> No	ARE YOU A U.S. CITIZEN? <input type="checkbox"/> Yes <input type="checkbox"/> No If no: STUDENT <input type="checkbox"/> (FI) <input type="checkbox"/> (MI) REFUGEE <input type="checkbox"/> (RF) <input type="checkbox"/> IMMIGRANT/PERMANENT CITIZEN <input type="checkbox"/> (IM) 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 is requested to comply with State and Federal Requirements.*

<b>ETHNIC ORIGIN:</b> <input type="checkbox"/> WHITE (800) <input type="checkbox"/> ALEUT (941) <input type="checkbox"/> VIETNAMESE (619) <input type="checkbox"/> BLACK/AFRICAN-AMERICAN (870) <input type="checkbox"/> CHINESE (605) <input type="checkbox"/> JAPANESE (611) <input type="checkbox"/> ESKIMO (935) <input type="checkbox"/> FILIPINO (608) <input type="checkbox"/> ASIAN INDIAN (600) <input type="checkbox"/> AMERICAN INDIAN (597) Listed enrolled or principal tribe: _____ <input type="checkbox"/> HAWAIIAN (653) <input type="checkbox"/> SAMOAN (655) <input type="checkbox"/> KOREAN (612) <input type="checkbox"/> GUAMANIAN (660)	<b>ARE YOU OF SPANISH OR HISPANIC ORIGIN?</b> <input type="checkbox"/> NO (999) <input type="checkbox"/> YES (if yes, check the box that best describes you) <input type="checkbox"/> MEXICAN, MEXICAN AMERICAN, CHICANO (722) <input type="checkbox"/> CUBAN (941) <input type="checkbox"/> PUERTO RICAN (727) <input type="checkbox"/> OTHER SPANISH or HISPANIC (es: Argentinian, Columbian, etc.) Indicate: _____
<b>ARE YOU DISABLED?</b> <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 & 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 BRAIN INJURY If yes, check appropriate box <input type="checkbox"/> (4) DEAF <input type="checkbox"/> (7) EMOTIONAL IMPAIRMENT                      Specify: _____ <input type="checkbox"/> (c) SPECIFIC LEARNING DISABILITY	

<b>LIMITED ENGLISH PROFICIENCY:</b> <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, understanding the English language.	<b>STUDENT PURPOSE:</b> <b>How will your course work relate to your current or future work?</b> <input type="checkbox"/> (11) Gain skills for 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) _____	<b>What is your goal for attending RTC?</b> <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) _____
<b>ARE YOU A DISPLACED HOMEMAKER?</b> <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.	<b>What is your current work status while attending RTC?</b> <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) _____	<b>What is your priority level of education at entry to RTC?</b> <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) _____

**CLASS REGISTRATION**

COURSE NUMBER	ITEM #	COURSE TITLE	HOURS	COURSE FEE	PLEASE CHECK METHOD OF PAYMENT
			am pm		<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Credit Card <b>Please do not send currency.</b>  <b>Please make your check or money order payable to:</b> RENTON TECHNICAL COLLEGE  <b>Send to:</b> REGISTRATION DEPARTMENT Renton Technical College 3000 N.E. 4th Street Renton, Washington 98056-4195
			am pm		
			am pm		
			am pm		
START DATE		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		

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

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

Mail this completed form along with you check or money order to:  
**Renton Technical College**  
**Registration Office**  
**3000 N.E. 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 now accept VISA and MasterCard.



No phone registrations accepted.

**For registration information call (425) 235-2352.**