

WVC REGISTRATION FORM

SID/SSN NUMBER * Today's Date					Quarter of Registration Year 2	2023	Telephone Number Type of Student			
	SIDIS	914 1401412		Today 3 Date	Fall Winter Spring _		Day New Continuing from last qtr Former			
Last Name First Name Midd				me M	iddle Previous Name(s)		A. Gender: Male Female B. Date of Birth / /			
Mailing E-Mail	Address			City	State Zip		C. How long have you lived continuously in Washington? years months D. Are you a U.S. citizen? Yes No If no, check one of the following; International Student Refugee Visitor			
ID#	D 4	Number	C 1°	C T'41-	Immigrant visa #					
ID#			Section		C. Litamatuma	Credit	E. What is your ethnic origin? (check one)			
9969	Allo	203		Introduction to All	5- Literature	5.0	Alaskan Native or American Indian (597) Black/African American (870) Chinese (605) Filipino (608)			
							Japanese (611)			
							Korean (612) Mexican, Mexican American, Chicano (722)			
							Puerto Rican (727)			
							Cuban (709)			
Wen	atchee Ca	mpus Fee	S	Omak Campus Fees	Other Spanish/Hispanic/Latino Vietnamese (619) White (800) Other Asian or Pacific Islander (621) Other Race (799) F. What is your purpose for attending this community college? (circle one)					
Tuition				uition				*Social Security Number Req To comply with federal laws, we are requ		
Registration Fee \$5.00				egistration Fee*				your Social Security Number (SSN) or Inc	dividual	
\$3 per Cr. Tech Fee			_	3 per Cr. Tech Fee				Taxpayer Identification Number (ITIN). Vour SSN/ITIN to report Hope Scholarshi		
Special Fee(s)		S	pecial Fee(s)	tax credit, to administer state/federal finar				ncial aid, to		
\$5 per Cr Rec Fee				verify enrollment, degree and academic tr records, and to conduct institutional resea						
TOTAL DUE TOTAL DUE			not submit your SSN/ITIN, you will not b		 12 – Transfer to a four-year college/AAS Degree. 13 – High School diploma or GED. 14 – Explore career direction. 					
Parking permits may be purchased at the cashier's office * Omak Campus registration fee is \$1 per credit up to a maximum of \$10. This includes parking.									ce Treasury mation).	
Please write Student ID Number on front of check. If you charge your payment, indicate: Visa MasterCard Account # Expir. Date					(Family Educational Rights and Privacy Act), the college will protect your SSN from unauthorized use and/or disclosure.		15 – Personal enrichment. 90 – Other. G. Do you have a physical, sensory or mental impairment that substantially limits one or more of the			
Cardholder's Name					Student's Signature		major life functions, such as seeing, hearing, speaking, walking, breathing, working with your hands, learning, caring for yourself and working?			
Cardholder's Signature					Adviser's Signature		Yes No			

New and Former Students Taking Credit Classes

Last high school attended	City	State	Year	Graduated Yes No			
Last college attended	City	State	Year	Graduated Yes No			
Are you currently enrolled in any school other than WVC?							
If yes, name of school							
How long do you plan to attend Wenatchee Valley Colle, (circle the number that best applies to you) 11 – One quarter 12 – Two quarters 13 – One year 14 – Up to two years, no degree planned 15 – Long enough to complete a degree 16 – I don't know		What is your prior level of education to Wenatchee Valley College? (circle the number that best applies to you) 11 – Less than high school graduate 12 – GED 13 – High school graduate 14 – Some post high school, but no degree or certificate 15 – Certificate (less than two years) 16 – Associate degree 17 – Bachelor's degree or above					
What is your is current work status while attending colleg (circle the number that best applies to you)	What was your family status when you started at Wenatchee Valley College?						
 11 – Full-time homemaker 12 – Full-time employment (including self-employed ar 13 – Part-time off campus 	(circle the number that best applies to you) 11 – A single parent with children or other dependents in your care 12 – A couple with children or other dependents in your care						

PLEASE CHECK ONE: I give permission to include my name in honor roll and graduation information releases to the news media. ____Yes ____No

15 – Not employed, but seeking employment 16 – Not employed, not seeking employment.

14 – Part-time on campus

Mail to:
Wenatchee Valley College
Registration Office OR
1300 Fifth Street
Wenatchee, WA 98801

13 – Without children or other dependents in your care

Mail to:
Wenatchee Valley College
Registration Office
P O Box 2058
Omak, WA 98841