Community Education
Registration Form

(815-599-3612) www.highland.edu

"Payment must accompany registration form"

Social Security Number:**_____-_____-_____

**[In order to apply for admission, we are requesting your Social Security Number pursuant to Public Law 93-579 (which refers to privacy of personal information) for the college's system of student records as well as for compliance with the federal and state reporting requirements. The Social Security Number is required if you are applying for financial aid.

Name:_____
Last First Middle (Required, if None, write N/A)

Address_____

City_____ State _____ Zip Code_____Home phone (include area code) ( )_____

Date of Birth _____- Sex: _____Male _____Female

Are you Hispanic or Latino (OR Are you of Spanish Origin?)

_____ Yes Hispanic or Latino
_____ Not Hispanic or Latino

Are you from one or more of the following racial groups? (Select all that apply)

____American Indian or Alaska Native
____Asian
____Black or African American
____Native Hawaiian or Other Pacific Islander
____White
____Choose Not to Respond

Please identify your primary racial//ethnic group (Select One)

___ American Indian or Alaska Native
____Asian
____Black or African American
____Hispanic or Latino
____Native Hawaiian or Other Pacific Islander
____White
____Choose Not to Respond

Are you in the United State on a Visa -Nonresident Alien?

____ Yes in the United States on a Visa.
→Provide Home Country of Origin _____
_____Not in the United States on a Visa

Highest Degree Earned _____ Associate's _____ Bachelor's _____ Doctorate
High School Graduate _____ Yes _____ No Year _____ City _____
GED _____ Yes _____ No State _____

Course Id	Course Title	Cost
		$

Total Cost for classes **$**

Method of payment:

_____ Full Payment by Check (Check # _____) Make Checks payable to Highland Community College.

_____ Full Payment by Credit Card (Highland will call you for credit card number to process over phone)

Mail registration with check to: Attn: Admissions, Highland Community College, 2998 W Pearl City Rd, Freeport, IL 61032

_____ _____
Student's Signature **Date**