Western Nebraska Community College
High School Distance Learning/Dual Credit Registration Form

Term ☐ Fall ☐ Spring Year _____

Name: _____
Last First Middle

Permanent Address: _____
Street/RR/Apt #/PO Box# County

_____
City State ZIP

Email Address: _____

Name of High School _____

Year of High School Graduation _____

Male ____
Female ____

Birth Date	Social Security Number	Home Phone

Ethnic Origin:
- ☐ Asian/Pacific Islander (AS)
- ☐ Black/African American (BL)
- ☐ Native Amer/Alaska Native (NA)
- ☐ Hispanic (HI)
- ☐ White/Caucasian (WC)
- ☐ Other (OT)
- ☐ Prefer Not to Respond (PR)

Admission Status (check all that apply):
- ☐ Previously attended WNCC (PA)
- ☐ Still in High School (HS)
- ☐ Upward Bound Program (UB)
- ☐ Tech Prep Student (TP)
- ☐ First Generation (FG)
  (check if neither parent has a 4-year degree)

Course #	Description	Time	Start Date	Instructor
823748	Medical Terminology	8-8:50 TTh	8/22/06	D. Sinnott

I authorize my high school to release all necessary information to WNCC for the purposes of completing my registration in the above classes. To the best of my knowledge the information given on this form is true and correct. I hereby agree to conform to all regulations and tuition and fee obligations associated with my enrollment in the above class(es).

Signature _____ Date _____

Parent Signature _____ Date _____