

# Kankakee Community College Registration Form

OFFICE OF CORPORATE AND CONTINUING EDUCATION  
100 College Drive • Kankakee, IL 60901-6505 • (815) 802-8200 • FAX: (815) 802-8201

Today's date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Registration for which term: Fall 20\_\_\_\_ Spring 20\_\_\_\_ Summer 20\_\_\_\_

**PLEASE PRINT.**

Name: \_\_\_\_\_  
LAST FIRST MIDDLE (FULL)

Social Security no.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Previous last name(s): \_\_\_\_\_

Street address:  Home  Business \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP code: \_\_\_\_\_ County: \_\_\_\_\_

Home phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Work/alternate phone: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Company name: \_\_\_\_\_

E-mail address (required for online courses): \_\_\_\_\_

Last semester/term at KCC:  Fall \_\_\_\_ year  Spring \_\_\_\_ year  Summer \_\_\_\_ year  Never attended

ISBE CPDU credit requested.

COURSE PREFIX	COURSE NO.	COURSE SECTION	COURSE TITLE	START DATE	FEE
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

TOTAL FEES: \$ \_\_\_\_\_

Student's signature: \_\_\_\_\_ Date: \_\_\_\_\_ Checker's initials: E\_\_ U\_\_

Please bill my company. A purchase order or voucher is attached.

Please charge my credit card for the fees indicated above:  MasterCard  Visa  Discover Card

Card no.: \_\_\_\_\_ Expiration date: \_\_\_\_\_

In case of emergency, contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**More questions on Side 2.**

**The following items are requested for state reporting. No individuals will be identified.**

CIRCLE ONE: male/female

Veteran of active duty military service:

Yes  No

Do you speak English fluently?

Yes  No

Are you disabled?

No  Yes—impairment:  Vision  Hearing  Speech  Mobility (wheelchair:  Yes  No)

Are you academically disadvantaged?  Yes  No

Are you economically disadvantaged?  Yes  No

Are you a single parent?  Yes  No

Are you a displaced homemaker?  Yes  No

Are you concurrently enrolled at another college?  Yes  No

**Educational intent:**

- Improve skills for my present job
- Prepare for a future job immediately after attending the community college
- Personal interest/self development – not career oriented
- Unknown/other

**Last high school attended:**

Name	City	State
<input type="checkbox"/> Graduated H.S. ▶ _____ <input type="checkbox"/> Completed GED ▶ _____ <input type="checkbox"/> Still in high school (graduation year) ▶ _____		

**Highest degree previously earned:**

- GED
- H.S. diploma
- Certificate
- Associate degree
- Bachelor's degree
- Master's degree
- First professional degree
- Doctoral degree
- Other
- None

**Employment status:**

- Full-time
- Part-time over 15 hrs. per week
- Part-time 15 hrs. or less per week
- Homemaker
- Unemployed
- Other

**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 Alaskan Native
- Native Hawaiian or other Pacific Islander
- Asian
- White
- Black or African-American
- Choose not to respond

**Are you a legal resident\* of KCC District 520?**

- Yes
  - No
- \*Consult current KCC catalog for residency policy

**Please identify your primary racial/ethnic group. (Select one.)**

- American Indian or Alaskan Native
- Native Hawaiian or other Pacific Islander
- Asian
- White
- Black or African-American
- Choose not to respond
- Hispanic or Latino

**U.S. citizenship status (Choose only one.)**

- U.S. citizen
- Not U.S. citizen, but permanent resident  
Provide home country of origin \_\_\_\_\_
- Not U.S. citizen, but in U.S. on a visa  
Provide home country of origin \_\_\_\_\_
- Not U.S. citizen, not in U.S. on a visa  
Provide home country of origin \_\_\_\_\_

**FOR OFFICE USE ONLY:**

Colleague ID no.	Student payment	Total	Cashier's initials	Receipt no.	Date
<input type="checkbox"/> Cash <input type="checkbox"/> MOD/Cashier <input type="checkbox"/> Check <input type="checkbox"/> Charge card		Code	Amount		