

REGISTRATION FORM

(Please Print)

COURSE TITLE:	COURSE START DATE:
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____ Mr. ____ Miss ____ Mrs.	FIRST NAME:	MIDDLE INITIAL:
	LAST NAME:	

Email :	Birth date:	Male ___ Female___
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Street address:	Home phone : ()	Cell phone: ()
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P.O. box:	City:	State:	ZIP Code:
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Employer(Optional):	Work phone: ()
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How did you hear about DCTS?	<input type="checkbox"/> I am a former student	<input type="checkbox"/> Employer	<input type="checkbox"/> Internet	<input type="checkbox"/> Radio	<input type="checkbox"/> Facebook
<input type="checkbox"/> Family	<input type="checkbox"/> Friend	<input type="checkbox"/> Close to home/work	<input type="checkbox"/> Referring Agency _____	<input type="checkbox"/> Other _____	

I understand the following:
----- No refunds will be granted after class has begun
----- A \$25 late fee will be charged if payment is not received by due date of the invoice.*
----- A \$25 processing fee will be assessed for refund requests.
-The Dauphin County Technical School is not liable for damage to any of my personal property or for bodily injury self-inflicted or inflicted by another student.
***This policy refers to students who are on a payment plan or are taking classes during the day.**

Applicant signature

Date

DEMOGRAPHIC INFORMATION

The following optional information is requested to complete State and Federal reports.

Race:	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander	<input type="checkbox"/> Black, Non-Hispanic	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Multi-Racial
	<input type="checkbox"/> White, Non-Hispanic				
Special Population:	<input type="checkbox"/> Displaced Homemaker	<input type="checkbox"/> Economically Disadvantaged	<input type="checkbox"/> Educationally Disadvantaged	<input type="checkbox"/> Individual With Disabilities	<input type="checkbox"/> Limited English Proficiency
	<input type="checkbox"/> Single Parent				

OFFICE USE

PAYMENT: _____ CHECK _____ CASH _____ MO _____ VISA _____ MASTER CARD _____ INVOICE _____ CONFIRMATION DATE: _____
RECEIVED MATERIALS PRIOR TO CLASS: _____ YES _____ NO

DC Tech is an equal opportunity education institution and will not discriminate on the basis of race, color, national origin, sex or handicap in activities, programs, or employment practices as required by Title VI, IX, and Section 504. Information on civil rights or grievance procedures, contact the Title IX Coordinator, 6001 Locust Lane, Harrisburg, PA. 17109 or 717-652-3170. For information regarding services, activities, and facilities that are accessible to handicapped individual groups, contact Dr. Peggy Grimm, Administrative Director.