

REGISTRATION FORM

• DOWNTOWN CAMPUS • 1101 S. Yakima Ave • Tacoma, WA 98405 • 253.680.7000
 • MOHLER CAMPUS • 2320 S. 19th Street • Tacoma, WA 98405 • 253.680.7700
 • SOUTH CAMPUS • 2201 S. 78th St. • Tacoma, WA 98409 • 253.680.7400

LAST NAME	FIRST	MI	SSN <small>(See Disclosure Statement)</small>	BIRTHDATE	SEX <input type="checkbox"/> Female <input type="checkbox"/> Male
ADDRESS-NUMBER AND STREET, ROUTE OR PO BOX			SID Number <small>(College-assigned)</small>		
CITY			STATE	ZIP	
IN CASE OF EMERGENCY NOTIFY:			EMAIL	DAY PHONE	EVENING PHONE
NAME			PHONE		
WHAT IS YOUR LONG-TERM INTENT IN ATTENDING BATES? (Please CHECK one) <input type="checkbox"/> H..... Apprenticeship Program <input type="checkbox"/> K..... Vocational Home and Family Life <input type="checkbox"/> J..... Improve present job skills					
WHICH RACE DO YOU CONSIDER YOURSELF TO BE? (Please CHECK one) <input type="checkbox"/> 597..... American Indian or Alaska Native <input type="checkbox"/> 605..... Chinese <input type="checkbox"/> 800..... White <input type="checkbox"/> 611..... Japanese <input type="checkbox"/> 870..... Black or African American <input type="checkbox"/> 612..... Korean <input type="checkbox"/> 608..... Filipino <input type="checkbox"/> 619..... Vietnamese <input type="checkbox"/> 621..... Other Asian <input type="checkbox"/> 799..... Other Race <input type="checkbox"/> 653..... Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Multiracial _____					
ARE YOU OF HISPANIC/SPANISH ORIGIN? (Please CHECK one) <input type="checkbox"/> 999..... No, not Spanish/Hispanic <input type="checkbox"/> 13..... High School Diploma or GED <input type="checkbox"/> 15..... Personal enrichment <input type="checkbox"/> 727..... Yes, Puerto Rican <input type="checkbox"/> 14..... Explore career direction <input type="checkbox"/> 90..... Other <input type="checkbox"/> 722..... Yes, Mexican, Mexican American, Chicano <input type="checkbox"/> 709..... Yes, Cuban <input type="checkbox"/> 717..... Yes, Other Spanish/Hispanic (Argentinian, Colombian, Dominican, Nicaraguan, Salvadorian, etc.)					
HOW LONG DO YOU PLAN TO ATTEND BATES? (Please CHECK one) <input type="checkbox"/> 11..... One quarter <input type="checkbox"/> 1..... Veteran <input type="checkbox"/> 3..... Vietnam Veteran <input type="checkbox"/> 12..... Two quarters <input type="checkbox"/> 2..... In Service Now <input type="checkbox"/> 13..... One year <input type="checkbox"/> 14..... Up to two years, no degree or certificate planned <input type="checkbox"/> 15..... Long enough to complete a degree or certificate <input type="checkbox"/> 16..... Don't know <input type="checkbox"/> 90..... Other					
WORK STATUS WHILE ATTENDING BATES <small>(Please CHECK one)</small>			EDUCATION LEVEL PRIOR TO ATTENDING BATES <small>(Please CHECK one)</small>		
<input type="checkbox"/> 11..... Full-time homemaker <input type="checkbox"/> 12..... Full-time employment (including self-employed or military) <input type="checkbox"/> 13..... Part-time off-campus <input type="checkbox"/> 14..... Part-time on-campus <input type="checkbox"/> 15..... Not employed, but seeking employment <input type="checkbox"/> 16..... Not employed, not seeking employment <input type="checkbox"/> 90..... Other			<input type="checkbox"/> 11..... Less than High School Graduation <input type="checkbox"/> 12..... GED <input type="checkbox"/> 13..... High School graduate <input type="checkbox"/> 14..... Some post High School, but no degree or certificate earned <input type="checkbox"/> 15..... Certificate <input type="checkbox"/> 16..... Associate Degree <input type="checkbox"/> 17..... Bachelors Degree or above <input type="checkbox"/> 90..... Other		
ADDITIONAL INFORMATION FOR COOPERATIVE PRESCHOOLS					
<input type="checkbox"/> PRESCHOOL NAME: _____ <input type="checkbox"/> CHILD'S NAME: _____ <input type="checkbox"/> CHILD'S CLASS: _____			<input type="checkbox"/> Yes <input type="checkbox"/> No (optional) Do you have any physical or mental impairment that substantially limits one or more major life activities, such as seeing, hearing, speaking, walking, learning, etc.?		
Confidential information used for statistical reporting only. Persons with disability may be eligible for support services and should contact the Disability Support Services office at 253.680.7013 for information on services.					

Disclosure Statement: Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purposes of state and federal financial aid, Hope/Lifeline Learning tax credits, Employment Security, Job Placement Services, academic transcripts, or accountability research.

Bates Technical College is an equal opportunity employer.

STUDENT SIGNATURE: _____

DATE: _____

BTC700 (Revised 11/16)