

WED Registration Form

Social Security #		Have you attended Ivy Tech Community College in the past?	
Last Name:		First Name: MI	
Street Address:			
City:	State:	Zip	County
Home Phone:		Work Phone:	
Date of Birth:		Are you in need of assistance due to a disability?	
Sex:		Marital Status: S M W D	
Employer:		Contact Phone:	
Emergency Care Info: Name: _____ Relationship _____ Phone: _____			
Course #:	Course Name:	Date/Times:	Cost (include fee if applicable)
Total of all courses make check payable to Ivy Tech Community College: Or pay by credit card (check appropriate box):			
Mastercard	Visa	Discover	Card#: _____ Exp. Date _____
Mail or Fax your registration to the appropriate campus:			
Ivy Tech Community College WED Department 920 County Line Road Batesville, IN 47006 Fax # 812-934-4590	Ivy Tech Community College WED Department 500 Industrial Drive Lawrenceburg, IN 47025 Fax # 812-537-0993	Ivy Tech Community College WED Department 590 Ivy Tech Drive Madison, IN 47250 Fax # 812-265-4028	
To the best of my knowledge, the above information is complete and accurate. In case I am injured, I authorize the officials of the College to take the necessary actions to save my life. I agree to comply with the policies and practices of Ivy Tech Community College. I understand that if I knowingly provide false information my enrollment may be revoked.			
X Student Signature:		Date:	