

HIGHSCHOOL STUDENT REGISTRATION FORM

PLEASE PROVIDE ALL OF THE INFORMATION. PRINT CLEARLY.

Winter Spring
 Summer Fall _____ year
Student ID# _____

Which high school did you attend? _____

When do you anticipate graduating high school? _____
month year

Social Security Number _____

Name (Last, First, M.I.) _____

Date of Birth (Month/Day/Year) _____ Gender: Male Female

Street Address/P.O. Box _____

City/State/Zip _____ County _____

Email Address _____ (Please note: Your email address will be used only to contact you with College information.)

Phone Number (home) _____ (cell) _____

Parent/Guardian Name (Last, First, Middle) _____

Parent/Guardian Phone (if different) _____

COURSES

Note: Students wishing to take a course requiring a prerequisite must provide proof (unofficial transcript, grade report) of successful completion of the prerequisite course or receive the course instructor's permission in order to register.

Course Number/Title	Section	Credits
Sample: ECON 101 - Intro to Economics	AL1	3

IMPORTANT:

*All CollegeNow students must be registered for their course by the end of the first day of classes.

Student Agreement:

I agree to abide by all campus/college rules and regulations
I agree to pay Tompkins Cortland Community College for tuition and fees
and any reasonable collection costs if applicable.

Student Signature _____

Parent or guardian signature if student under 18 years of age _____

A VALID CERTIFICATE OF RESIDENCE IS REQUIRED.

You must provide the CollegeNow Office with a certificate of residence. Certificates of residence are valid for one year.
Download your county's certificate of residence in PDF format
www.tompkinscortland.edu/cert.

For current tuition and fee information, visit tompkinscortland.edu.
Select Admissions then Financial Aid.

METHOD OF PAYMENT

Check Money Order Credit Card
Payable to: Tompkins Cortland Community College
To pay by credit card complete the following: MasterCard Visa Discover
Credit Card #: _____
Exp. Date: _____
Card holder Name (print as appears on card) _____
Address of Card holder (where you receive your credit card statements)
Street Address or PO Box: _____
City: _____
State: _____ Zip: _____