

Kirkwood Community College HSDL (High School Distance Learning) Registration Form

(Please print clearly. If downloaded, you may type on the form directly using Adobe Acrobat.)

Name: _____				
<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>	
Address: _____				
<i>Street</i>			<i>Apt #:</i> _____	
<i>City</i>	<i>State</i>	<i>Zip</i>	<i>County</i>	
Home Phone: (____) _____ - _____		Cell Phone: (____) _____ - _____		
Social Security #: _____ - _____ - _____		Birth Date: ____/____/____	My age today is: _____	
Ethnic: (check one)	<input type="checkbox"/> American Indian/Alaskan - AI	Gender:	<input type="checkbox"/> Female	
	<input type="checkbox"/> Asian or Pacific Islander - AS		<input type="checkbox"/> Male	
	<input type="checkbox"/> Black, Non-Hispanic - BL		<input type="checkbox"/> Hispanic - HI	
	<input type="checkbox"/> White - Caucasian - CA		<input type="checkbox"/> Multiple - MUL	
	<input type="checkbox"/> No Information - NO			
	<input type="checkbox"/> Other - OT			
Email Address (REQUIRED:) _____				
HS Attending(ed:) _____				
City, State: _____			Iowa Resident <input type="checkbox"/> Yes <input type="checkbox"/> No	

To Be Completed by High School Official

I authorize this student to enroll in the following courses: (Please indicate if the course is an online or correspondence course as well as which semester is to be taken.) _____ _____	Send Tests to: Name of School: _____ Address: _____ City: _____ State: ____ Zip: _____
Signature and Title: _____	
Name of School: _____ District: _____ Address: _____ City: _____ State: ____ Zip: _____ CEEB Code: _____ Phone Number: _____ Fax Number: _____ E-mail Address (REQUIRED:) _____	
I authorize Kirkwood Community College to provide information to educational institutions, agencies, and other entities regarding enrollment status, grades, credit and other information relating to my academic and related achievements. <div style="text-align:right;">Date: ____/____/____</div>	
Student signature: _____	
Signature of Parent/Guardian: (if student is younger than 18) _____	
<div style="text-align:right;">Date: ____/____/____</div>	

Please return completed form and payment to:
 Kirkwood Community College-HSDL
 Lincoln Center
 912 18th Ave SW
 Cedar Rapids, IA 52404
 (319) 366-0142
 Fax (319) 398-1049

Please Bill School District.

Fees Per Course	
<input type="checkbox"/>	In State Tuition \$125
<input type="checkbox"/>	Out of State Tuition \$175
<input type="checkbox"/>	Book Deposit Fee (If Needed:) \$60
Total Cost \$ _____	

Payments may also be made using a credit card by calling 319-366-0142. All materials will be sent to the test proctor for pickup.