



Registration Form



Student's Legal Name _____ Birthdate _____

Address _____

City _____ Bloomington Normal State _____ IL Zip+4 _____ 61701 61704

County _____ 61705 61761

Home Phone (____) _____ Cell (Parent) (____) _____

Email _____ Male Female

School Currently Attending (2020-2021) _____

Grade for Fall 2020 _____

The following demographic items are requested for state reporting:

Is your child Hispanic or Latino? Yes No

Is your child in the United States on a Visa-Nonresident Alien?

Is your child from one or more of the following racial groups?

Yes No

White American Indian/Alaskan Native Asian

If yes, please indicate Visa type _____

Black/African American Native Hawaiian/Other Pacific Islander

Identify your child's primary racial group from the list above: _____

Course Code or

Prefix/Number/Section

Course Title

Fee

Course Code or Prefix/Number/Section	Course Title	Fee

Total Fees: _____

By completing this form you authorize the College to secure medical treatment for your child in the event of an emergency.

Emergency Information

Name of Parent or Legal Guardian _____

Emergency Phone # while student is in class (name/#) _____

If person at this number cannot be reached, try (name/#) _____

Child's Doctor _____ Phone # _____

Hospital Affiliation: Advocate BroMenn Medical Center OSF St. Joseph Medical Center Either

Please list any medical, physical, or behavioral information we should be aware of (i.e. allergies, diet restrictions): _____

Notice of Photo/Film Release

Occasionally, students are photographed or filmed in HCC classes. I consent to publication of such photos/film for use in the promotion or advertisement of Heartland Community College.

Consent to photo/film release. Yes No

FOR OFFICE USE ONLY

Date Received _____ Initials _____ EMPLID# _____

Confirmation Mailed _____

Summer 2020

Register by phone: (309) 268-8160

- Check enclosed, payable to Heartland Community College
- Please charge my credit card for the fees indicated above
- Master Card Visa Discover Card American Express

Card# _____ Expiration Date _____ CVV2 _____

Cardholder _____