



# CONTINUING EDUCATION REGISTRATION FORM

South Campus 2201 South 7th St Tacoma, WA 98405 253.690.7400

North Campus 2329 South 17th St Tacoma, WA 98405 253.690.7700

Downtown Campus 1101 South Yakima Ave Tacoma, WA 98405 253.690.7600

www.bates.edu

Fill in: **LAST NAME** \_\_\_\_\_ **FIRST** \_\_\_\_\_ **MI** \_\_\_\_\_ **SSN** \_\_\_\_\_

All Parent information **ADDRESS-ALBURN AND STREET, ROUTE, OR PO BOX** \_\_\_\_\_ **CITY** \_\_\_\_\_ **STATE** \_\_\_\_\_ **ZIP** \_\_\_\_\_

This is the parent earning **PHONE** ( ) \_\_\_\_\_ **EMAIL** \_\_\_\_\_

Bates college credits **IN CASE OF EMERGENCY NOTIFY:** \_\_\_\_\_ **DAY PHONE** ( ) \_\_\_\_\_ **EVENING PHONE** ( ) \_\_\_\_\_

Leave Blank: **NAME** \_\_\_\_\_ **TRBL No.** \_\_\_\_\_ **Program/Date** \_\_\_\_\_ **Course No.** \_\_\_\_\_ **Section** \_\_\_\_\_ **Building** \_\_\_\_\_ **Days** \_\_\_\_\_ **Time** \_\_\_\_\_ **Class Hours** \_\_\_\_\_ **Starting Date** \_\_\_\_\_ **Instructor** \_\_\_\_\_ **Fee** \_\_\_\_\_

**CLASSES** **PERSONAL** **WORK/EDUCATION/RACE/FAMILY**

**WORK/EDUCATION/RACE/FAMILY** **WHICH RACE DO YOU CONSIDER YOURSELF TO BE? (optional)**

697 American Indian or Alaska Native  
 698 White  
 699 Black or African American  
 700 Filipino  
 701 Other Asian  
 693 Native Hawaiian or Other Pacific Islander

**WHICH CHECK ONE?** **WORK STATUS WHILE ATTENDING BATES** (Please Check one)

11 Full-time instructor  
 12 Full-time employment (including self-employed or hobby)  
 13 Part-time off-campus  
 14 Part-time on-campus  
 15 Not employed, but seeking employment  
 16 Not employed, not seeking employment  
 99 Other

**EDUCATION LEVEL PRIOR TO ATTENDING BATES** (Please Check one)

11 Less than High School Graduation  
 12 GED  
 13 High School graduate  
 14 Some post High School, but no degree or certificate earned  
 15 Certificate  
 16 Associate Degree  
 17 Bachelor Degree or above  
 99 Other

**WHAT IS YOUR CURRENT FAMILY STATUS?** (Please Check one)

11 Single parent with children or other dependents in your care  
 12 Coupled with children or other dependents in your care  
 13 Without children or other dependents in your care  
 14 Other

**HOW LONG DO YOU PLAN TO ATTEND BATES?** (Please Check one)

11 One quarter  
 12 Two quarters  
 13 One year  
 14 Up to two years, no degree or certificate planned  
 15 Long enough to complete a degree or certificate  
 16 Don't know  
 99 Other

**ARE YOU OF HERANDESPASAH ORIGIN? (optional)** (Please Check one)

989 No, not Spanish/Hispanic  
 777 Yes, Puerto Rican  
 772 Yes, Mexican, Mexican American, Chicano  
 769 Yes, Cuban  
 717 Yes, Other Spanish/Hispanic (Argentinian, Colombian, Dominican, Nicaraguan, Salvadorian, etc.)

**SUPPORT FOR ATTENDING BATES TECHNICAL COLLEGE** (Please Check one)

14 High School Diploma or GED  
 15 Personal investment  
 16 Family member donation  
 17 Other

**DISCOUNTS** **Change to Visa or MasterCard Account #** \_\_\_\_\_ **Refer to:** \_\_\_\_\_ **Change to Class Schedule** \_\_\_\_\_

**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.?**  Yes  No

**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.?**  Yes  No

**Additional Information for Cooperative Preschools**

**Preschool Name** \_\_\_\_\_  
**Child's Name** \_\_\_\_\_  
**Child's Class** \_\_\_\_\_

Parent signature \_\_\_\_\_ **STUDENT SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

Fill in: **Preschool child's information**

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, hospital/insurance learning lab credit, Employment Security, Job Placement Services, Academic transcripts, or accountability research.

## How to fill out the Bates Registration Form:

### One parent should fill out the Bates Registration form

It should be the parent that will be earning the Bates college credits. If a parent can use the college credits to renew a teaching certificate or can use the college credits to fulfill their college elective requirements, then they should be the one filling out the Bates Registration form.

### Fill in **PERSONAL** section

- ✓ Make sure the parent fills in their name (not their child's name)
- ✓ Fills in their birth date (the birth date becomes their PIN # to access their transcript)
- ✓ Fills in SS# : Parent/guardians SS# will be needed to assign a Student ID# for all future registration purposes

A Student ID# will be assigned that will coordinate with their SS# and PIN # which allows to access Bates transcript online.

### Leave Classes Section and Payment sections blank.

### Fill in WORK/ EDUCATION/ RACE/ FAMILY SECTION

This information is used by the college when applying for grants to support diverse programs.

Important: fill out the bottom box: Additional Information for Cooperative Preschools.