

NORTH IDAHO COLLEGE CT APPRENTICESHIP PROGRAM REGISTRATION FORM

Name _____ Date _____

Email Address (required): _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing address, if different from above

Cell Phone: _____ Alternate Phone: _____

NCCER Number: _____

Gender (circle one): Male / Female Birth Date: _____

Employer Name: _____

Employer Email: _____

Employer Address: _____

Employer Phone Number: _____

Student Authorization for Registration and Release of Information

- I authorize the person below to register me for classes and to make schedule changes.
- I authorize the person below to be informed of my attendance and grades.

Student signature: _____ Date: _____

Authorized person: _____ Email: _____

PAYMENT MUST BE RECEIVED WITH THIS FORM

Cash Check MasterCard Visa P.O. _____

Name of person/company paying tuition: _____

TOTAL \$ AMOUNT TO BE PAID OR CHARGED:

Credit Card # _____ Expires: _____

Name on Credit Card: _____ CVV: _____

Signature: _____ Date: _____

* I authorize North Idaho College to charge the above referenced card only for the **amount specified** to be used as payment for tuition/fees owed.

OR

* I authorize North Idaho College to charge the above referenced card for the **outstanding balance owed** for tuition/fees owed.