

Office of the Registrar Registration Form  
Please Print all Information

---

First: Middle: Last:

---

Home Address: City/State/Zip:

---

Phone: Date of Birth: Marital Status:

---

Email address: Course you are interested in:

---

Person to call in case of Emergency: Relationship: phone number:

**Fees are not refundable after the first day of class**

**The following information is requested in order that we may demonstrate to the U.S. Department of Health, Education and Welfare this institution's compliance with Title VI of the 1964 Civil Rights Act and Title IX of the 1972 Educational Amendments. Information will be used for statistical purposes only.**

**Check all that apply:**

- |  |  |
|--|--|
| <input type="checkbox"/> White, Non-Hispanic Origin        | <input type="checkbox"/> Norton Auditor                                  |
| <input type="checkbox"/> Black, Non-Hispanic Origin        | <input type="checkbox"/> Norton Resident                                 |
| <input type="checkbox"/> Hispanic                          | <input type="checkbox"/> Norton High School Student                      |
| <input type="checkbox"/> Asian or Pacific Islander         | <input type="checkbox"/> SACHEM  |
| <input type="checkbox"/> American Indian or Alaskan Native | <input type="checkbox"/> CTY – John Hopkins Talented Youth               |
| <input type="checkbox"/> Other                             | <input type="checkbox"/> Non-Degree                                      |
|  | <input type="checkbox"/> Brown Exchange Student                          |
|  | <input type="checkbox"/> Visiting Student                                |
|  | <input type="checkbox"/> Language Assistant                              |
|  | <input type="checkbox"/> Faculty/Staff or Faculty/Staff Spouse/Dependent |

**Enrollment Status: (check one)**

- Full time (at least 3 courses)  
 Part time

---

Signature: Date: