

**SECTION 1:** ID or SOCIAL SECURITY NUMBER\*: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ SUMMER SEMESTER YEAR: \_\_\_\_\_

COMPLETE LEGAL NAME (PLEASE PRINT): \_\_\_\_\_  
LAST FIRST MIDDLE PREVIOUS LAST NAME(S)

PERMANENT ADDRESS: \_\_\_\_\_  
NUMBER AND STREET CITY STATE ZIP COUNTY

PRIMARY PHONE: ( ) \_\_\_\_\_  CELL  HOME EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_ EMERGENCY PHONE: ( ) \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

SEX AT BIRTH:  MALE  FEMALE GENDER:  MAN (1)  WOMAN (2)  TRANS MAN (5)  TRANS WOMAN (6)  NON-BINARY (8)  NOT LISTED OR UNKNOWN (7)

**SECTION 2:**

HIGHEST DEGREE EARNED: \_\_\_\_\_ PREVIOUS COLLEGES: \_\_\_\_\_ STATE \_\_\_\_\_  
A - ASSOCIATE DEGREE B - BACHELOR'S DEGREE C - CERTIFICATE D - DOCTORAL DEGREE  
 G - GED Date Completed H - HIGH SCHOOL DIPLOMA M - MASTER'S DEGREE  
 N - NONE O - OTHER P - FIRST PROFESSIONAL DEGREE

HIGH SCHOOL, CITY & STATE: \_\_\_\_\_ GRADUATION DATE \_\_\_\_\_ RESIDENCE STATUS:  IN-DISTRICT 529 (1)  OUT-OF-DISTRICT (3)

IF YOU ARE A CURRENT HIGH SCHOOL STUDENT, PROVIDE ANTICIPATED HS GRADUATION DATE: \_\_\_\_\_  OUT-OF-STATE (5)  FOREIGN (7)  
*OFFICIAL TRANSCRIPTS MUST BE SENT TO THE ADMISSIONS OFFICE OF YOUR IECC COLLEGE.*

WHAT IS THE HIGHEST COLLEGE DEGREE EARNED BY EITHER PARENT?  PARENT DID NOT ATTEND COLLEGE  
 SOME COLLEGE (NO CREDENTIAL)  CERTIFICATE  ASSOCIATES (2-YEAR) DEGREE  
 BACHELORS (4-YEAR) OR HIGHER DEGREE  UNKNOWN  
 IF NOT, WHAT COUNTRY? \_\_\_\_\_  
 IF YOU ARE NOT A US CITIZEN, DO YOU HOLD A PERMANENT RESIDENT CARD?  YES  NO  
 IF YES, YOU MUST PROVIDE THE CARD TO STUDENT SERVICES

**ETHNICITY**  
 ARE YOU HISPANIC OR LATINO (OR SPANISH ORIGIN?)  YES  NO  
**SELECT ONE OR MORE OF THE FOLLOWING RACES:**  
 ASIAN  WHITE  
 NATIVE AMERICAN INDIAN/ALASKAN -  NON RESIDENT  
 BLACK/AFRICAN AMERICAN  NATIVE HAWAIIAN/OTHER PACIFIC ISLANDER  
 MIDDLE EASTERN OR NORTH AFRICAN  
**VETERAN STATUS:**  
 NOT A VETERAN  ACTIVE DUTY  
 VETERAN OF ACTIVE MILITARY SERVICE

**SECTION 3:**

PROGRAM CODE(S)/MAJOR(S): \_\_\_\_\_ ANTICIPATED GRADUATION DATE: \_\_\_\_\_

CRN	COURSE	NUMBER	SECTION	1-GRADE 2-P/F	CREDIT	REPEAT Y/N

**\*THE DISCLOSURE OF A SOCIAL SECURITY NUMBER IS VOLUNTARY AND NOT REQUIRED FOR ENROLLMENT IN AN ILLINOIS EASTERN COMMUNITY COLLEGE. A STUDENT REQUESTING FINANCIAL AID/ SCHOLARSHIPS OR EXPECTING TO RECEIVE TAX INFORMATION WILL BE REQUIRED TO PROVIDE A SOCIAL SECURITY NUMBER.**  
**•I CERTIFY THAT ALL INFORMATION IS ACCURATE AND COMPLETE AND THAT I AM RESPONSIBLE FOR KEEPING IECC UP TO DATE WITH MY CURRENT NAME, PHYSICAL ADDRESS AND PHONE NUMBER BY SUBMITTING A STUDENT INFORMATION UPDATE FORM TO THE REGISTRATION AND RECORDS OFFICE AT MY COLLEGE.**  
**•I ACKNOWLEDGE THAT BY COMPLETING REGISTRATION FOR CLASSES I AM ENTERING INTO A LEGAL BINDING CONTRACT WITH ILLINOIS EASTERN COMMUNITY COLLEGES #529 TO PAY ALL TUITION, FEES, BOOKSTORE CHARGES, AND RELATED EXPENSES BY THE PAYMENT DUE DATE.** I UNDERSTAND THAT IF I DO NOT DROP MY CLASSES WITHIN THE ALLOWABLE TUITION CANCELLATION PERIOD (REFER TO REFUND POLICY IN IECC CATALOG), THEN I AM FINANCIALLY OBLIGATED TO PAY FOR THE COURSES EVEN IF I NEVER ATTEND ANY CLASS SESSION(S). I UNDERSTAND THAT ANY REMAINING UNPAID BALANCE AT THE APPLICABLE MIDTERM WILL BE ASSESSED A ONE-TIME 5% FEE. SHOULD I DEFAULT ON PAYMENT, I UNDERSTAND THAT I SHALL BE RESPONSIBLE FOR ALL COLLECTION COSTS AND LEGAL FEES THAT IECC MAY INCUR TO COLLECT ANY UNPAID BALANCE. COLLECTION COSTS RANGE BETWEEN 25% AND 33% OF AMOUNT OWED. I FURTHER ACKNOWLEDGE THAT ANY MONEY OWED TO IECC UNDER A PAYMENT PLAN CONSTITUTES AN EDUCATION LOAN THAT CANNOT BE DISCHARGED IN FEDERAL BANKRUPTCY.  
**•I AUTHORIZE IECC AND ITS AGENTS AND CONTRACTORS TO USE TEXT MESSAGES, PERSONAL CALLS AND EMAILS, IN THEIR EFFORTS TO CONTACT ME REGARDING MY STUDENT ACCOUNT AND GENERAL INFORMATION ABOUT IECC.** FURTHERMORE, I UNDERSTAND THAT I MAY WITHDRAW MY CONSENT TO CALL OR TEXT MY CELLULAR TELEPHONE USING AUTOMATED TELEPHONE DIALING AND/OR TEXTING EQUIPMENT BY SUBMITTING MY REQUEST IN WRITING (EMAIL, TEXT, OR LETTER) TO IECC OR THE APPLICABLE CONTRACTOR OR AGENT CONTACTING ME ON BEHALF OF IECC. **I UNDERSTAND AND AGREE THAT IECC USES EMAIL AS AN OFFICIAL METHOD OF COMMUNICATION AND THAT I AM RESPONSIBLE FOR READING THE EMAILS RECEIVED FROM IECC.EDU ON A TIMELY BASIS.**  
**•I UNDERSTAND AND AGREE THAT IECC IS NOT RESPONSIBLE FOR PROVIDING ACCIDENT, HEALTH, OR MEDICAL INSURANCE FOR MEDICAL SERVICES AND THAT I AM SOLELY RESPONSIBLE FOR ANY AND ALL MEDICAL BILLS INCURRED AS A RESULT OF INJURY OR LOSS DURING MY PARTICIPATION IN IECC CLASSES. I CERTIFY THE ABOVE STATEMENTS ARE CORRECT AND COMPLETE.**

**IF STUDENT IS UNDER THE AGE OF 18, A PARENT/GUARDIAN SIGNATURE IS REQUIRED.** \_\_\_\_\_  
PARENT/GUARDIAN SIGNATURE DATE

\_\_\_\_\_  
STUDENT SIGNATURE DATE      \_\_\_\_\_  
ADVISOR/INSTRUCTOR SIGNATURE DATE

I live out-of-district/out-of-state but work full time within IECC District 529. Fee Paying Agency \_\_\_\_\_

**SECTION 3: (continued)**

CRN				COURSE			NUMBER				SECTION			1-GRADE 2-P/F	CREDIT	REPEAT Y/N

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**SECTION 4:**

**REASON FOR ENROLLMENT—CHECK ONE:**

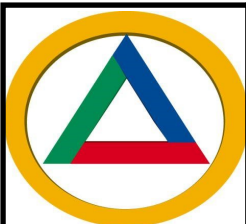
- 1. PREPARE FOR TRANSFER
- 2. IMPROVE SKILLS FOR A JOB
- 3. PREPARE FOR A FUTURE JOB
- 4. PREPARE FOR GED
- 5. PERSONAL INTEREST
- 6. UNKNOWN/EXPLORE COURSES/CAREER/OTHER

**Parental Status—CHECK ONE:**

- 1. Student is not a parent
- 2. Single-Parent Student (includes pregnant individuals)
- 3. Married-Parent Student (includes pregnant individuals)

**Are you a Student in Care and/or Homeless?—CHECK ONE:**

- 1. Homeless - Lacking a fixed, adequate nighttime residence
- 2. Student in Care - Any person who was/is under DCFS custody
- 3. Homeless and Student in Care
- 4. Not applicable



*Illinois Eastern Community College District No. 529 does not discriminate on the basis of race, color, sex, pregnancy, gender identity, sexual orientation, age, marital status, parental status, religious affiliation, veteran status, national origin, ancestry, order of protection status, conviction record, physical or mental disability, genetic information, or any other protected category.*