

SECTION 1: ID or SOCIAL SECURITY NUMBER*: _____ DATE OF BIRTH: _____ FALL 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 STATE _____
N - NONE O - OTHER P - FIRST PROFESSIONAL DEGREE

HIGH SCHOOL, CITY & STATE: _____ GRADUATION DATE _____ RESIDENCE STATUS: ☐ IN-DISTRICT 529 (1) ☐ OUT-OF-DISTRICT (3)
☐ OUT-OF-STATE (5) ☐ FOREIGN (7)

IF YOU ARE A CURRENT HIGH SCHOOL STUDENT, PROVIDE ANTICIPATED HS GRADUATION DATE: _____
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

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

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.

STUDENT SIGNATURE _____	DATE _____	PARENT/GUARDIAN SIGNATURE _____	DATE _____
ADVISOR/INSTRUCTOR SIGNATURE _____		DATE _____	
<input type="checkbox"/> 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

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)



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.