



# HIGH SCHOOL REGISTRATION FORM

Office of the Registrar/Admissions

PO Box 749 Barrow, AK 99723

907-852-1754 or 1757 fax: 907-852-1784

registration@ilisagvik.edu

SEMESTER: ☐ Fall ☐ Spring ☐ Summer YEAR: 20 \_\_\_\_ High School Type: Dual Credit ☐ Early College ☐

High School: \_\_\_\_\_ Expected Date of High School Graduation: \_\_\_\_\_

STUDENT NAME: \_\_\_\_\_  
Last First Middle

SSN: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GENDER: ☐ Male ☐ Female ☐ Other

EMAIL: \_\_\_\_\_ PHONE: \_\_\_\_\_ PHONE # 2: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
Street/PO Box City State Zip

ETHNIC ORIGIN: ☐ Alaska Native ☐ African American ☐ American Indian ☐ Asian  
☐ Caucasian ☐ Native Hawaiian ☐ Hispanic ☐ Pacific Islander ☐ Other \_\_\_\_\_

ALASKA RESIDENT (1 yr)? ☐ Yes ☐ No

U.S. CITIZEN? ☐ Yes ☐ No

U.S. PERMANENT RESIDENT? ☐ Yes ☐ No

Nation of citizenship if not a U.S. Citizen: \_\_\_\_\_

ARE YOU THE FIRST GENERATION OF YOUR FAMILY TO ATTEND COLLEGE? ☐ Yes ☐ No

**BILLING:** Please complete below if bill is NOT to be paid by the student or family.

School District or other funding institution: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_ Phone/email: \_\_\_\_\_

**HOW DID YOU HEAR ABOUT US:** ☐ Email ☐ Social Media ☐ KBRW Radio ☐ Ads ☐ Flyers ☐ Recruiter ☐ Website  
☐ Other: \_\_\_\_\_

| Dept. | Course # | Sec # | Course Title | Time & Place | Credits | Audit | Instructor |
|-------|----------|-------|--------------|--------------|---------|-------|------------|
|       |          |       |              |              |         |       |            |
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|       |          |       |              |              |         |       |            |

TOTAL CREDITS: \_\_\_\_\_

Initial here: \_\_\_\_\_ I acknowledge that I am fully responsible for costs not covered by Financial Aid, employers, grants, or scholarships.

Tuition: \$ \_\_\_\_\_

Tuition = \$225/credit hour

Registration Fee: \$ 50

Student Support Fee: \$ 120 (full time)

Course, Lab, & Material Fee: \$ \_\_\_\_\_

Other: \$ \_\_\_\_\_

**Total Tuition & Fees:** \$ \_\_\_\_\_

*This form represents permission for exchange of information between the School District and/or other funding organization and Ilisaġvik College pertaining to the above-mentioned student and classes.*

STUDENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

HIGH SCHOOL OFFICIAL SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

COLLEGE ADVISOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

REGISTRATION SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**RELEASE INFORMATION:** The Family Educational Rights and Privacy Act (FERPA) protects a student's right to privacy by limiting information that can be released to the public to what is referred to as Directory Information. Directory Information is that part of an education record of a student that would not generally be considered harmful or an invasion of privacy if disclosed. Directory Information can NEVER include: student identification number, race, social security number, ethnicity, nationality, gender. Directory Information can be released to the public without permission from the student. Directory Information at Ilisaġvik College includes: student name, local address, permanent address, email address, photos, telephone numbers, names and dates of previous high schools and colleges attended, classification (freshman, sophomore, etc.), enrollment status, major field of study, dates of attendance and anticipated date of graduation, participation in officially recognized activities, degrees and awards granted. Photos may be used for promotional or reporting purposes. If you DO NOT want this information released, see the Registration Office for the Opt Out Form. By signing above, I authorize Ilisaġvik College to use student's name and image in marketing material.