

# Lake Technical Center

Main Campus  
2001 Kurt Street, Eustis, FL 32726  
(352) 589-2250

**\*Institute of Public Safety**  
12900 Lane Park Cutoff Road, Tavares, FL 32778  
(352) 742-6463 fax: 352-742-6466

Part Time Registration  
An Equal Opportunity Institution for Education and Employment

Social Security Number: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
First Middle Last Maiden name / Alias

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_

Residential Address: \_\_\_\_\_  
Street City State Zip

Mailing Address: \_\_\_\_\_  
Street/P O Box City State Zip

E-mail address: \_\_\_\_\_

Are you currently employed? Yes No Occupation: \_\_\_\_\_

Employer's Name and Address: \_\_\_\_\_

**Race:**  
 Asian or Pacific Islander (Including Indian Subcontinent)  
 Black (Non-Hispanic)  
 Hispanic  
 Indian-Native American or Alaskan  
 White, Anglo, Caucasian (Non-Hispanic)  
 Multi-Racial

**Citizenship Status:**  
 U.S. Citizen  
 Resident Alien (Permanent Resident but Not a Citizen)  
 Non-Resident Alien (Temp. Resident and Not a Citizen)  
 Exchange Student  
 Undocumented Alien

Submit to IPS: Payment, Tuition Policy, and Registration Form.

Student Signature \_\_\_\_\_ Class Name \_\_\_\_\_

**FOR OFFICE USE ONLY:** FEE BASED: \_\_\_\_\_

Day(s) Class Meets: M T W R F S N Fee Waived: \_\_\_\_\_ Check # \_\_\_\_\_ Cash \_\_\_\_\_ Visa/MasterCard \_\_\_\_\_

Bill to (Employing Agency Must Supply Authorization for Payment): \_\_\_\_\_

<u>Class Dates:</u>	<u>Time:</u>	<u>Course #</u>	<u>Program:</u>	<u>Class Title:</u>	<u>Hrs</u>	<u>Loc.</u>	<u>Instructor</u>
		E910100 S _____	340				